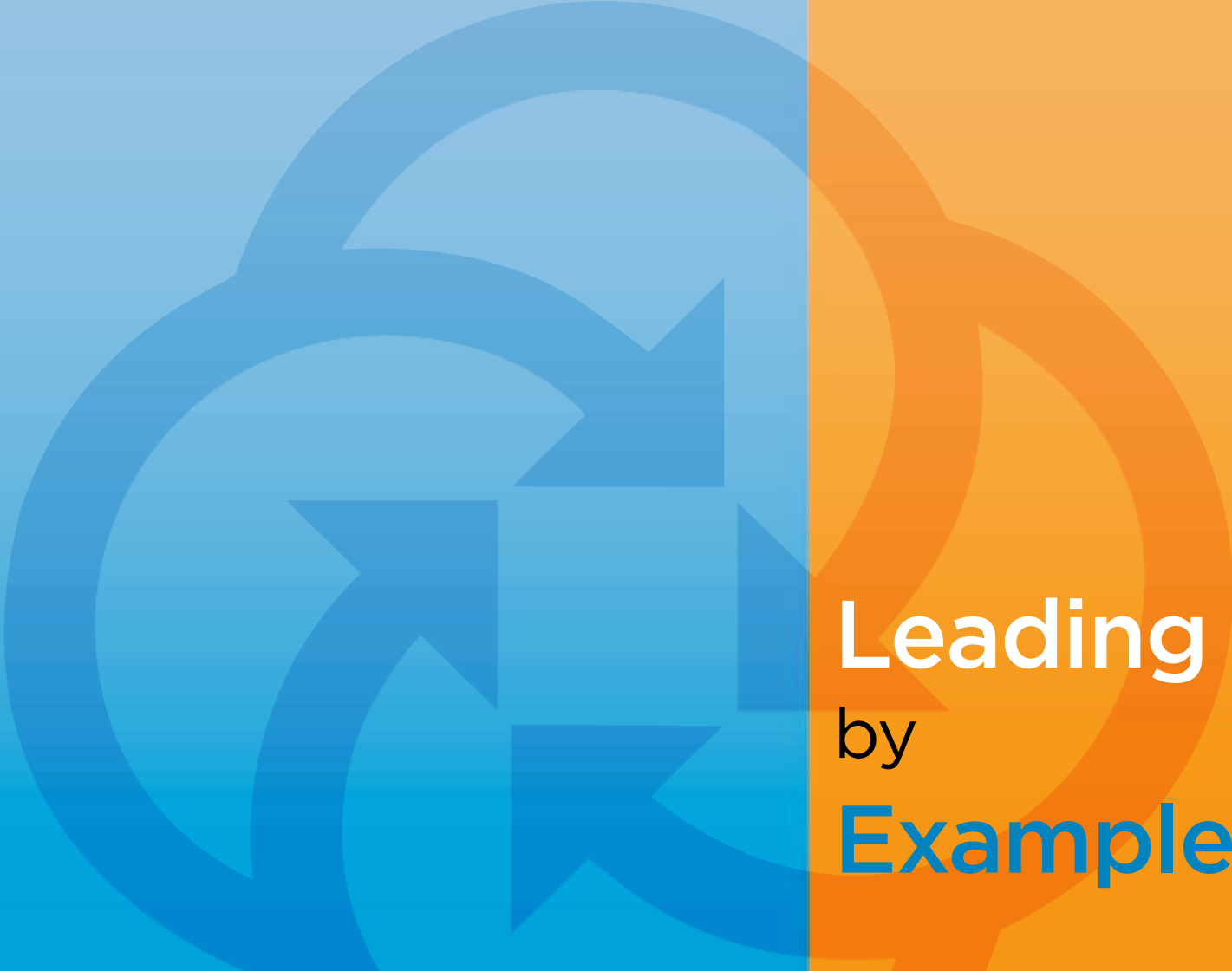




Leading by Example

CREATING A CORPORATE
HEALTH STRATEGY:

**The American Health
Strategy Project Early
Adopter Experience**

We are pleased to present *Creating a Corporate Health Strategy: The American Health Strategy Project Early Adopter Experience*. This 2014 Leading by Example publication highlights the efforts of four coalitions and their employers in adopting the principles developed during the Kansas City Collaborative (KC²) and outlined in a [2011 *Leading by Example* publication](#). The American Health Strategy Project assists employers in more fully understanding population health through actionable data in an effort to unlock the full value of health benefits. The four early adopter projects presented here illustrate how coalitions in Dallas, Chicago, Pittsburgh and Virginia further evolved the tools and methods that were created in Kansas City, empowering their participating employers to enhance their strategic approaches to health.

Partnership for Prevention is a national organization that advances policies and practices for evidence-based prevention. Partnership for Prevention is committed to creating a “prevention culture” in America that addresses the specific needs of employers that experience challenges establishing comprehensive worksite health promotion programs. Since its inception, Partnership for Prevention’s *Leading by Example* initiative has been a highly successful campaign for peer-to-peer communications targeted to employers of all sizes, emphasizing the value of health promotion and healthy worksite cultures. Business leaders are spotlighted and share their experiences with new and successful approaches to worksite health and productivity efforts.

Partnership for Prevention, the participating coalitions, the National Business Coalition on Health and Pfizer Inc. have jointly developed this guide as a tool for companies and others invested in the health of their populations. We encourage you to consider adopting some of the strategies outlined here as you review this guide and contemplate change in your organization. The coalitions and organizations represented truly “lead by example”.



David Zauche
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Introduction

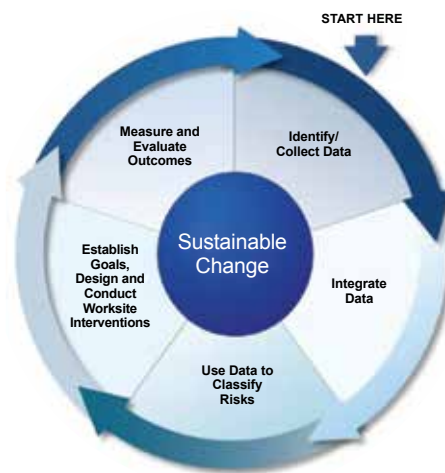
In 2008, the Mid-America Coalition on Health Care (MACHC) and 16 diverse employer members launched a data-driven, value-based health initiative called the Kansas City Collaborative (KC²). This collaborative developed a continuous improvement process that was used over a three-year period. Their experiences were then highlighted in the *2011 Leading by Example “Creating a Corporate Health Strategy: The Kansas City Collaborative (KC²) Experience.”* This journey began when MACHC and their participating employers recognized the difficulty in understanding the complete picture of their unique population’s health.

One complex issue entailed the structure and integration of internal and external health management teams. Another involved access to and the understanding of data and how their efforts impacted the health of their employee populations. Although they knew it was important to determine the value of their efforts, many employers found themselves struggling to create a systematic, sustainable process to support their strategic health initiatives. The Kansas City Collaborative assisted them with tools, education, and skill building to create such a process. Over the years, the KC² Experience has been presented at several national conferences and has generated interest from other coalitions.

In 2010, the American Health Strategy Project (AHSP) was developed to leverage and adapt the tools and methods originally developed as part of the KC² Experience. Five additional pilot sites were selected by the National Business Coalition on Health (NBCH). These early adopter pilot projects were intended to help employers improve the health of employees and their families, promote wellness and prevention, and manage health care costs by utilizing and testing the AHSP model in different health care markets. The geographically

dispersed pilots were conducted by local NBCH-affiliated coalitions and their employers with hands-on support from Pfizer Inc., which provided technical, analytic, clinical and financial support. The AHSP model exists to empower employers with the knowledge and tools necessary to achieve sustainable change for approaching and managing benefits by incorporating process improvement into health strategies.

FIGURE 1: SUSTAINABLE CHANGE CYCLE



The American Health Strategy Project is centered on four core principles, and participating employers were asked to subscribe to these principles during their participation in the project:

- A strong health management team
- Actionable data
- Healthier, more productive employees
- Higher value for every dollar invested

These principles created the foundation of the model, processes, educational resources and tools that were originally developed in Kansas City and subsequently utilized or adapted by the other early adopter project teams. The collaborative approach was supported by live and/or webinar meetings of the participants, so that education, training and discussion to support the process could take place.

EARLY ADOPTER EXPERIENCE

Each early adopter coalition completed one cycle of the sustainable change process. The overall process and tools will be described in this introductory section. The coalitions were encouraged to modify the tools and materials to make them more meaningful and relevant to their local health care market. Each coalition's chapter outlines the experience of their participants and their unique approaches below, in addition to providing representative examples from selected participating employers.

Additionally, the early adopter coalitions collaborated with each other to share experiences, and to suggest tool and process enhancements through routine interactions via conference calls, meetings and NBCH events. As is evidenced in many of the chapters, ideas from one coalition were often adopted by another. The group used web technology to share presentations by national thought leaders to allow other early adopter coalitions to take part in educational activities.

Each participating coalition was invited to submit a chapter and employer case studies to showcase their

experiences and unique approaches to using the tools and resources that were developed as part of the Kansas City Collaborative. This document includes four chapters that were submitted by Dallas-Fort Worth Business Group on Health, Midwest Business Group on Health, Pittsburgh Business Group on Health and the Virginia Business Coalition on Health.

THE PROCESS

COLLABORATIVE MODEL

The AHSP process involves activating employers and stimulating dialogue through a series of educational forums called Action Meetings. These meetings leverage the knowledge of national, regional and local experts, and are built around facilitated, collaborative, and foundational discussions. Participant learning and sharing in a confidential and open environment is an essential aspect of this model. Meeting content, facilitated discussion, and workshop activities guide participants through three phases, which include activation and baseline assessment, intervention planning and implementation, and evaluation.

ACTIVATION AND BASELINE ASSESSMENT PHASE

The structured, data-driven collaborative learning process started with each employer completing a series of surveys, interviews and exercises to stimulate dialogue with senior leadership. These activities ensured that participants had a common understanding of value-based benefits. The process helps employers gain an understanding of the current state of employee health and productivity, identifies available data sources, vendor integration and offerings, and reveals the impact of interventions in their organization. This initial assessment included:

- **Completion of a baseline survey:** A mix of qualitative and quantitative information that begins the assessment process with a focus on key risks, conditions, barriers, and an initial overview of data management.

- **Individual interview with project team:** A structured interview for collecting qualitative information about leadership support, organizational culture, and determination of value or return on investments.

- **Data source identification and mapping exercise:** An exercise to identify vendor partners, data reporting frequency and availability, as well as determining information that is not available or not well-utilized.

- **Completion of data tracker:** A tool to capture an organization's high-level aggregate data from various sources such as medical, pharmacy, worker compensation, and disability claim summaries; it includes supportive programming such as employee assistance, disease management, health risk assessments and biometric screening.

The baseline assessment results in a unique, individual report for the participating employers to help guide subsequent phases of the project, in addition to an aggregate summary of all the data from employers who participated in the collaborative initiative. Finally, this assessment provides a baseline against which to evaluate the results of the project.

INTERVENTION PLANNING AND IMPLEMENTATION PHASE

The second phase of the model guides participants through designing and implementing corporate health-related goals and objectives. The early adopter project teams worked collectively with their employers to select key conditions that were meaningful to the majority of participants. Intervention planning is supported by a Workbook that was created by KC². It outlines a multi-step process for a data-driven selection of goals and objectives, intervention focus, specific interventions, and metrics related to those goals.

All interventions were required to be:

- **Employer specific:** Interventions that were feasible within their worksite, grounded in their data findings from the baseline report, and aligned with their corporate health strategies and goals.

- **Measurable:** Process and outcome metrics to determine success and/or opportunities to modify employers' approaches were identified during the intervention planning stage.

- **Evidence-based:** Supported by evidence that would suggest a positive outcome if implemented effectively. Additional tools, such as intervention grids and a cardio-metabolic road map, were available from KC² to support evidence-based intervention selection.

Participants chose Business Health and Population Health goals and interventions that were supported by their unique information. The specific interventions and goals varied among participants, which resulted in a variety of metrics to determine success.

Business Health Goals focused primarily on making health a core business strategy. Intervention types that supported these goals were focused on:

- **Health Management Team:** A variety of interventions intended to strengthen teams and cultures are included in this intervention type, including senior leadership engagement and support; working with department heads, site managers, etc. to improve their understanding of health and how health impacts their workforce; engaging employees in wellness teams; and incorporating external vendors or partners more effectively.

- **Actionable Data:** Examples of specific interventions in this area include working with vendors on reporting process, methods, and formats; removing barriers to, and identifying sources for missing data.

■ **Environment or Policy:** Policy and environment play a key role in supporting health. These types of interventions are generally multi-pronged and impact health at the business and population levels. Incorporating health and wellness into the company's mission and/or vision statement, creating wellness teams, branding programs and communication, and incorporating health goals into performance plans are examples of business health environment or policy interventions.

Population Health Goals targeted at a particular condition and/or risk area are generally the more traditional health and wellness offerings. Intervention types that support goals in this area are:

■ **Employee Engagement:** Incentives and disincentives, communication strategies, and changes in offerings or programming intended to boost engagement, participation, and ultimately, sustained outcomes or results.

■ **Benefit Design:** Traditional value-based insurance benefit designs that decrease or eliminate co-pays are the most common type of benefit design intervention. They are frequently tied to a desire to improve engagement. The American Health Strategy Project encourages non-traditional thinking around health and wellness benefits to ensure employees and members who would benefit from offerings have access.

■ **Environment and Policy:** Policies that create a smoke-free workplace, changes in meeting meals, snacks and beverages, and creating an infrastructure to support physical activity would be typical interventions that support population health goals.

■ **Vendor and Provider Value:** Interventions that define value and expectations related to key health risks and include support or assistance from health care providers and wellness vendors are common examples.

Following intervention selection, the workbook assists employers with implementation planning and evaluation. Employers then commit to implementing the intervention and measuring the results. This is the longest phase of the project because of the time commitment involved in implementing programs and measuring change. During this phase, employers were supported by the project team with one-on-one meetings, group education, and opportunities for peer-to-peer interaction through live or virtual action meetings.

EVALUATION PHASE

This final phase is intended to assist participants in measuring outcomes of their programming efforts by comparing post-intervention with baseline measures and established goals. An employer-specific scorecard is available for participants to identify key intervention-related metrics to track and trend progress toward predetermined goals. Several of the employers involved in the early adopter coalition projects also participated in platform presentations at national meetings.

Employer interventions were unique, as were each of the participants' health-related data strategies and metrics. Therefore, not all employers collected the same type of information or chose the same goals. Evaluation is a fluid process in which participants are encouraged to measure what is meaningful to their organizations and to make adjustments as needed. The results presented in this document are summarized categorically, and are based on an overall metric of employer-defined goal attainment.

Dallas-Fort Worth Business Group on Health

COALITION OVERVIEW AND HISTORY



The Dallas-Fort Worth Business Group on Health (DFWBGH) is a coalition of 135 Dallas and Fort Worth area employers and health-related organizations committed to promoting and maintaining a health care delivery system that provides quality, accountability and affordability. With an average workforce of 3,000 employees, DFWBGH employer members represent over 250,000 DFW-based employees and spend over \$2.5 billion per year in DFW on employee health care.

Founded in 1985, DFWBGH has a history of leadership and collaboration with health care stakeholders throughout the community to enhance the value and quality of care in DFW. DFWBGH offers its members premier educational programs and workshops, valuable peer networking opportunities, access to cutting edge information on benefit design and health care purchasing, as well as participation in groundbreaking demonstration projects. The Texas Health Strategy Project (THSP) was one such demonstration project. Launched in August, 2010, THSP engaged seven DFW employers to use a structured, data-driven process to assess employee health priorities and to design and implement targeted value-based interventions to achieve better health in their organizations.

RATIONALE FOR BRINGING THSP TO DFW

DFW employers provide innovative corporate and health plan benefits and programs, however, population health issues continue to indicate a need for more education and greater engagement of consumers in choosing healthy lifestyles and making good health care choices.

DFWBGH aggressively promoted value-based benefits design (VBBD) through programs and workshops featuring thought leaders from around the country. DFWBGH member surveys in 2009 indicated that 93% of members were interested in VBBD topics. Additionally, employers displayed strong interest in and support of health,

wellness, and employee education and empowerment programs, even during a period of economic downturn:

- 83% currently had and planned to continue wellness programs;
- 37% said they would improve benefits in the following year through innovations such as wellness initiatives and VBB features.

“Faced with continually rising health care costs, poor patient outcomes, and an unengaged workforce growing less and less healthy, many Texas employers embrace the idea of a value-driven approach to health benefits and wellness programs. But often, they don’t know how to get started, or how to propel existing value-based efforts to the next level. THSP provides employers a structured, data-driven approach for designing health and wellness interventions tailored to their unique corporate cultures, workforce demographics, employee health priorities, company resources, and other influencing factors.”

Marianne Fazen, PhD.,
Executive Director, DFWBGH

DFW COMMUNITY HEALTH INDICATORS

Overweight or Obese (BMI > 24.9)	61%
Diabetes rate	8%
Rate of High Blood Pressure	25%
Rate of High Cholesterol	34%

Source: Hospital Council Dallas County Check Up 2008 for DFW CMSA

DFW STATISTICS

based on 2010 Census

- **Population: 6.4 million**
- **Corporate headquarters for many large corporations and organizations.**
 - Major industries include: airline, utilities, municipal governments, IT, health care, financial/banking, defense-related, retail, construction, hospitality, entertainment, food, manufacturing, religious, educational, and others.
- **Diverse workforce includes white and blue collar.**
 - Texas is a “right to work” state with a low percent of the workforce under labor agreements.
- **Ethnically and culturally diverse**
 - Gender balance – 51% female
 - Median age – 33
 - Racial makeup – 66% white, 15% African-American, 5% Asian and Pacific Islands, and 14% other or multi-racial
 - 27% of the population also ethnically Hispanic

DFW employers understood how critically important a healthy workforce was to organizational success, and intuitively saw the value of offering benefits and wellness programs that removed barriers to access, increased employee accountability, motivated healthy behaviors, and delivered significant savings through better health. Pioneering local employers had already begun to implement star-quality benefits programs designed to accelerate employee engagement in healthy living, improve health care quality, and achieve targeted health and financial objectives. Even so, surveys indicated that value-based benefits remained an elusive goal for many employers, with many survey respondents reporting a low adoption rate of VBBD strategies. THSP enabled DFWBGH to bring a proven process and set of tools to DFW employers to help jump start VBB efforts for those struggling to get started. For those employers who already embraced a value-based approach, participation in THSP provided additional rigor to the decision-making and planning process to take VBB strategies to the next level.

UNIQUE ATTRIBUTES OF THE DFW MARKET

The concentrated, contiguous cities and communities between and around Dallas and Fort Worth make up the large and rapidly growing DFW Metroplex. DFW is a vibrant, business-friendly market that is home to 24 Fortune 500 companies, giving it one of the highest concentrations of corporate headquarters in the United States. Economically diverse, DFW performed better than the nation as a whole during the recent economic downturn, with a lower unemployment rate in spite of continued population growth. DFW is the largest metropolitan area in Texas, and the fourth largest in the United States. It has a dynamic health care market that is characterized by innovation and collaboration to address regional health priorities and achieve the best value in health care.

DFWBGH is proud to present this project summary, along with case studies of two pace-setting DFW employers who implemented the American Health Strategies Project processes and tools to achieve their goals and ultimately attain better health outcomes for health care dollars spent. Individually and together, the companies participating in THSP are improving the health of their workers, their organizations, and their communities. By sharing these leading examples, we hope to encourage other employers to continue their efforts to improve the health of both their employees and their bottom line.

THSP PROJECT SUMMARY

EMPLOYER PARTICIPANT OVERVIEW

Seven employers completed the THSP project, including Brinker International, Inc., City of McKinney, City of Mesquite, Energy Future Holdings, Federal Reserve Bank of Dallas, Hagggar Clothing Co., and Interstate Batteries, Inc.

SIZE MIX OF THSP EMPLOYERS



OVERVIEW OF PROJECT

THSP adopted and implemented the AHSP tools and structured process in much the same way as in Kansas City, with some tailoring to suit the needs of the DFW employers and their benefits planning timelines. The THSP rollout included:

- Employer Action Meetings (EAMs)
 - Group learning about VBB with live, web-based or recorded presentations from VBB thought leaders
 - Training on the use of the AHSP tools and approach
 - Peer-to-peer networking and presentations
 - Group planning sessions with all the employers and their vendor-partners to brainstorm and work on intervention plans in an atmosphere of open sharing and idea generation, with employers “reporting out” to the group to receive peer input to enhance planning.
- “One-on-one” meetings between the project team and individual employers during each of the three project phases to provide assistance with data collection, assess progress, and offer feedback and suggestions throughout the planning and evaluation process.

UNIQUE OFFERINGS AND ADJUSTMENT TO APPROACH

The THSP project team:

- Adjusted the Employer Data Tracker to include metrics related to measuring the prevalence and impact (health/medical, productivity, and financial) of musculoskeletal conditions due to Baseline Survey data indicating “musculoskeletal” as one of the top health conditions for six employers.
- Customized the project (with employer input) to meet the needs of the THSP participants:
 - Adopted the Individual Report organizational structure developed by the Midwest Business Group on Health around the four core principles of the AHSP.
 - Promoted the concept of vendor partnering to employers, and encouraged inclusion of vendor/partners at key group meetings and one-on-one meetings (at the employers’ discretion), however did not conduct a “vendor summit” as was done for KC².
 - Developed a streamlined “Roadmap to Planning Interventions: Guideposts and Examples,” which provided employers with a strategic overview and structured guide of the intervention planning process in a one-page, “easy reference” schema. The team presented this Roadmap to kick off the intervention planning phase, and used it to frame discussions in one-on-one meetings and subsequent Employer Action Meetings.
- Brought in a KC² employer at the start of the evaluation phase to illustrate the value one employer received from the project, how that employer evaluated results, and how they internalized and customized the AHSP approach for future benefits and wellness program planning and implementation.

TEXAS HEALTH STRATEGY PROJECT PARTICIPANT OVERVIEW

■ Industry Mix	Finance Hospitality/Food Service Municipalities (2) Utilities Wholesale Trade (2)
■ Number of employees	62,000 FTEs
■ Number of covered lives	67,000
■ Sector	3 non-profit (public administration sector) 4 for profit (one has unions)
■ Plan Type	6 Self-insured; 1 Fully-insured
■ Number with full replacement HDHP	2
■ Top 3 behavioral risks	Overweight/Obesity Sedentary Lifestyle Poor dietary habits
■ Top 3 health conditions	Cardiovascular Musculoskeletal Diabetes

KEY FINDINGS

Collaborative process and peer-to-peer networking facilitated:

- Learning new skills and developing ideas for data use, vendor management/partnering, benefits and wellness strategies.
- Affirming what employers had been doing.
- Creating accountability to stay on track with planning and implementation.
- Recognizing the VBB strategies each employer was already using and identifying ways to enhance programming, even for employers who were more advanced in their application of VBB.

Value of identifying, integrating and using actionable data for goal setting, intervention planning, and evaluation:

- Creating evaluation plans as part of the intervention implementation planning phase added more rigor to the process and ensured ability to measure results.
- Expanded definition of ROI beyond financial measures to incorporate value assessment.
- Expanded definition of actionable data to include any data (subjective or objective) that provide insights into employee health risks/priorities and how to motivate healthy behavior.
 - Data do not need to be perfect in order to be actionable. Insights and decisions can be based on what is available, while efforts to develop better data are ongoing.
 - For some employers, obtaining more actionable data was a key intervention that emerged from the project.
- Development and implementation of scorecard provided ongoing focal point for key data, program evaluation, and future goal planning.

Strong health management team:

- Expanded understanding of health management team composition.
- Added valuable skills and knowledge from outside the benefits department (e.g. occupational health, on-site clinics).
- Enhanced partnership with and between vendors to improve coordination and cooperation in order to address the employer's goals and population health priorities.
 - Collaborating for access to more actionable data drove enhanced vendor partnership for some employers, and changes in vendors for others.

Garnering senior leadership support for health as a key business strategy, and fostering a culture of health throughout the organization requires specific language and communication:

- Benefits-related communication to senior leadership must advance beyond a review of medical cost trends to identify the health status of the workforce as well as articulate the business impact of health and wellness on productivity and the bottom line.
- Targeted communication to middle/departmental/field leadership that highlights business impacts of health on their organizations and goals helps get everyone on board to promote health.
- Challenges posed by a dynamic health care market, and by inevitable leadership changes (both middle and senior management) over the life of organizations, amplify the importance of building a firm cultural foundation for health as a key business strategy.

OVERALL RESULTS

All THSP employers were encouraged to use the four core AHSP principles to develop and implement meaningful population and business health strategies driven by data and observations that were also in alignment with their organizational goals. The following chart summarizes the types of interventions initiated by THSP employers, categorized by the core principles.

USE OF INTERVENTIONS TO ADDRESS THE FOUR CORE PRINCIPLES	NUMBER OF EMPLOYERS
■ Build Stronger Health Management Team (Business Health)	6
■ Enhance vendor partnership	3
■ Enhance cross functional planning	3
■ Senior leadership support for health as a key business strategy/fostering a culture of health	5
■ Obtain more Actionable Data (Business Health)	2
■ Have Healthier, more Productive Employees (Population Health)	7
■ Health Promotion – general population wellness/prevention	6
■ Primary Prevention – target at-risk, but pre-chronic condition	3
■ Secondary Prevention – target those with conditions	4
■ Obtain Higher Value for Health Care Investment (Population Health)	7
■ Value-based benefit design	6
■ Educate & engage employees in optimal use of health care	4

POPULATION HEALTH STRATEGIES

The seven THSP employers chose cardio metabolic risk (CMR) as the focus of their population health intervention planning. Baseline surveys identified CMR as one of the top three population health priorities for all seven employers: six THSP employers identified overweight/obesity or BMI, and five listed eating habits among their top three behavioral risk factors. Six employers recognized musculoskeletal issues as one of the top three conditions. One employer initiated a musculoskeletal

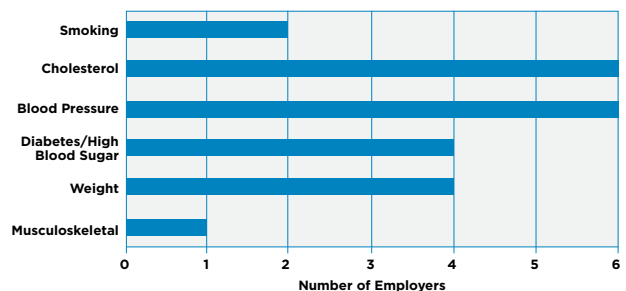
pilot project as one of its interventions. The chart below illustrates the health risks THSP employers targeted with interventions implemented through the project.

CMR reduction interventions included:

- Expansion of weight and CMR reduction programs through enhanced communication/promotion, incentives, or on-line access to encourage employee participation.
- Enhanced drug benefits to reduce or eliminate co-pays for maintenance or preventive medications on generic or preferred lists.
- Premium differentials for tobacco users.
- Incentives for annual physicals or screening, including premium differentials, zero co-pays for physical exams, wellness points, or contributions to health savings accounts.
- On-site access to primary care.
- Introduction or expanded use of care advocacy programs to counsel and guide employees to high value care providers.

Many of the population health interventions chosen by THSP employers could be characterized as pilot projects used to test program offerings with a limited portion of the employee population in order to assess impact on employee health, and to determine the potential for program expansion to a larger segment of the employee population. In addition, the THSP employer cohort of seven was small, and their interventions and

HEALTH RISKS TARGETED WITH POPULATION HEALTH INTERVENTIONS



measurement metrics were sufficiently diverse to make the summarization of results across the entire cohort difficult. However, all seven employers achieved measurable or observable results from interventions initiated during the THSP project. The following summary presents the results for employers using similar types of interventions and common metrics.

IMPROVED RISK STATUS

- Two employers using the same CMR reduction program, which included pre- and post biometric screening, saw a 30-31% reduction in Metabolic Syndrome (migrating from “3+” to “2 or less” risk factors). N = 113.

- Three employers tracking risk status change for a consistent cohort that receives annual biometric screening reported between a 4 and 13 percentage point reduction from unhealthy to healthy risk status (healthy = 2 or fewer risk factors). N = 1,835.

INCREASED PARTICIPATION IN BIOMETRIC SCREENING AND PREVENTIVE CARE

- One employer reported that in the first year of requiring employee annual physical exams (versus an exam every two years), 86% of employees obtained a physical exam.
- Another employer reported that in the first year of required biometric screening of employee plan members,



COMPANY OVERVIEW

- Type of Industry: Wholesale and Retail Trade
- Number of employees: 855
- 540 covered lives—295 employees, 245 dependents
- Fully-insured, high deductible health plan with health savings accounts
- Primary Goals: Prevention through Benefit Design and Engagement to improve medication adherence and smoking cessation quit attempt and quit rates. Develop strategic initiatives to promote a Culture of Health and Well-Being and a stronger health management team.

KEY PROGRAMS

- Enhanced Drug Benefits for prevention or control of key conditions (high blood pressure, high cholesterol, diabetes, asthma,

osteoporosis, heart attack, stroke and prenatal nutrient deficiency), which included no deductibles for preferred brand name agents or generics.

- Tobacco Use Premium Differential with a company-sponsored tobacco cessation program and six-month grace period to quit.

■ Culture of Health and Well-Being involved defining and promoting core values, branding health and wellness messaging, and striving toward recognition as one of the 10 best mid-size companies to work for in DFW metro area.

- Health Management Team
- Incorporated vendors and the occupational health nurse from the Fort Worth distribution center in joint information and planning sessions with HR.

■ Assembled multi-disciplinary teams to develop action plans for HR's 6 strategic initiatives called “Organize for Greatness.”

HIGHLIGHTS

- Prescription Drug Claims are trending up and medical paid claims are trending down, pointing to improved disease control through adherence, although it is too early to draw a direct correlation.
- Tobacco Cessation initiative had small numbers, but onsite program resulted in a 29% quit rate (4/14).
- Building strong vendor partnerships and expanding the health management team improved benefits planning and helped:
 - Articulate shared goals and strengthen cooperation to achieve them
 - Foster a team approach to solutions
 - Increase vendor value to meet needs of employer

MARC JOSEPH

Senior Vice President HR and General Counsel



Haggar HR used the structured THSP planning process and group accountability fostered

among participating employers to take a more strategic and disciplined approach to benefits and wellness program planning and implementation. Our HR Team, led by Alice McAbee, placed a strong emphasis on data-driven decision-making and evaluation. Haggar HR adopted THSP core principles and crafted 6 strategic initiatives to promote a culture of health and wellbeing, to propel Haggar toward its goal of recognition as a DFW “best employer.”

there was a 24% increase in the screening participation rate (from 55% to 68%).

- A third employer reported that in the first year of operation, over 40% of the targeted population used new on-site clinic services, and over 60% of the clinic encounters were for preventive care.

TOBACCO CESSATION

- One employer reported that in the first year of a premium differential for employee tobacco users, 68 employees completed a tobacco cessation program within six months to avoid the premium increase. Self-reported employee tobacco use decreased 49% in the second year that employees were required to sign affidavits declaring whether they used tobacco.
- Additionally, one participant introduced a tobacco premium differential and documented a quit rate of 28% (4 of 14 participants) for employees participating in a pilot on-site program.

BUSINESS HEALTH

Baseline assessment revealed that THSP participants' senior leaders supported a value-based approach, with all of the participants stating that they had previously implemented some sort of value-based benefit. Strengthening health as a key business strategy at all levels of their organizations was still identified as a need for most of the employers. Additionally, access to actionable data was recognized as a barrier, given that employers

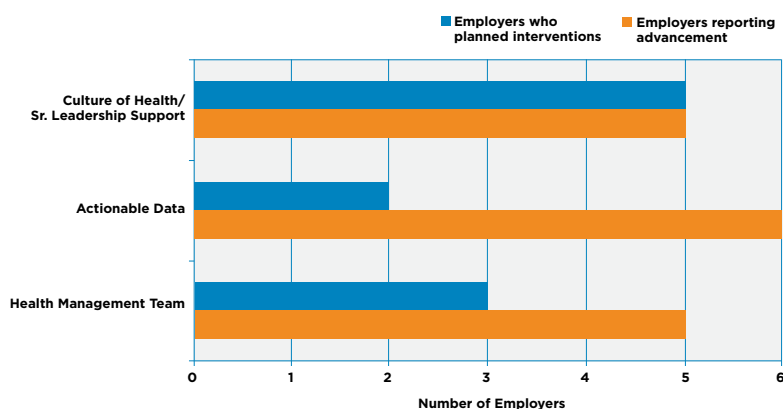
were only able to provide 55% of the items requested on the data tracker. Few organizations had a strategy for measuring ROI or had formal data integration efforts.

All but one of the employers also included business health strategies among their interventions, however all seven internalized the core principles related to business health and, by the end of the project, reported new insights and advancement in business health among their key findings and results.

Employers fostered a culture of health throughout their organizations by retooling HR communications to senior management, expanding beyond health care cost trends and premium reviews to highlight population health priorities and to articulate the impact of health on the bottom line. An additional focus included targeting communications to departmental and field management to show the impact of health on their operations.

Employers took steps to expand and strengthen their Health Management Teams by including cross-functional expertise from outside HR and by working toward closer partner relationships with and between vendors. They worked more aggressively with their vendor partners to articulate data and reporting needs in order to gain access to more actionable data. Many employers remarked that meetings for THSP were the first time their vendors had been in one room together to coordinate efforts, problem-solve and work toward shared goals on behalf of the employers.

**FOCUS OF BUSINESS STRATEGY
INTERVENTIONS AND ADVANCEMENT**



All of the THSP employers reported one or more of these Business Health advancements:

- Developed or strengthened executive level health/wellness committees (2 employers)
- Expanded use of internal cross-functional expertise from outside HR (4 employers)
- Incorporated “culture of health” into HR strategic initiatives through company-wide strategic planning process (1 employer)
- Improved vendor/partner relationships (5 employers)

- Better access to actionable data (6 employers)
- More departmental and field management support (2 employers)

In conclusion, the Texas Health Strategy Project helped participating employers to articulate their business and population health objectives more clearly and effectively. The collaboration and best practice sharing the employers experienced allowed them to reach a far deeper and more relevant level in their strategic approaches to health as a result of this opportunity provided by the Dallas Fort Worth Business Group on Health.



COMPANY OVERVIEW

- Type of Industry: Municipality
- Number of employees: 976
- 2,094 covered lives — 770 employees, 1324 dependents
- Self-insured PPO plans
- Primary Goals: Reduce healthcare costs, improve employee health and increase program participation and leadership support at all levels.

KEY PROGRAMS

- GPA Nurse NavigatorSM: innovative member advocate service with a focus on guiding members through a complex healthcare system while reducing costs and increasing consumer knowledge
- Live Healthy Texas[®] Challenge: 10 week physical activity and weight loss challenge (also promoted to city residents)
- Naturally Slim[™]: technology-based, behavior modification designed to teach participants

techniques for how and when to eat and change their relationship with food. Worked with vendor to establish a multi-year tracking of program alumni to identify longer term outcomes.

- Communication Strategy: use of THSP scorecard to communicate to senior and city departments
 - Aggregate health risks and wellness program participation by department
 - HR ability to intervene to improve health and track change

HIGHLIGHTS

- Nurse NavigatorSM implemented in 2011 with an estimated cost avoidance of \$190,102 in the

first year due to reduction of unnecessary procedures, and use of appropriate care settings and cost effective providers.

- Live Healthy Texas[®]: 357 employees (47%) participated in 2012 with more than half of participants losing between 1 and 10 lbs, and a 10.8% decrease in the number of individuals with BMI categories in the obese range (>30kg/m²).
- Naturally Slim[™]
 - 93% completion rate (28/30)
 - 36% of completers lowered their number of risk factors
 - Review of biometric data for 20 of the 2011 participants showed continued reduction of cardiometabolic risk in 2012

- Biometric screening of cohort of 454 employees revealed migration from high CMR risk to medium or low in 2012 versus 2011.

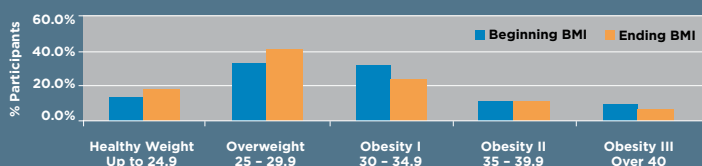


JASON GRAY
City Manager

Participation in the Texas Health Strategy project helped Human

Resources build a framework for measurement and evaluation of various health initiatives. They were able to present the scorecard to the Executive Team, which showed continued improvement in the measured health risk factors and wellness program participation rates. That validated our investment in the wellness initiatives and confirmed the importance of continuing our efforts in offering employee health improvement solutions.

2012 LIVE HEALTHY TEXAS CHALLENGE



COALITION OVERVIEW AND HISTORY



The Midwest Business Group on Health (MBGH) is a non-profit, Chicago-based 501(c)(3) business coalition of over 115 organizations whose mission is *“To advance leadership, collaboration and knowledge among employers and other stakeholders to continuously improve the quality and cost effectiveness of health benefits, health care and the health and productivity of the community.”*

MBGH was founded in 1980 by a small group of large Midwest employers to help them obtain more value from their health care benefit dollars. Today, as one of the leading employer-focused coalitions, MBGH serves self-funded purchasers by offering education, health benefits research and benchmarking opportunities that focus on increasing the value of health benefits and improving the health of their workforce. MBGH is also serves as a catalyst for its members and the community through initiatives that focus on improving the quality, cost and safety of local health care services.

For this initiative, MBGH brought together 12 member employers in the Fall of 2010 interested in assessing their health benefit design and internal business processes. These companies planned to examine their health-related data to learn what proactive, value-based strategies they could implement, either to develop or enhance their current overall health benefits and approach to health management. Participating employers came from the following industries: health care, retail trade, wholesale trade, municipal and non-profit. As a

whole, they provide insurance coverage for more than 85,800 lives. Companies included: Edward Health Services Corp., the Jewish Federation of Metropolitan Chicago, OfficeMax, City of Gary, Rush University Medical Center, and Wolters Kluwer. The majority of employers were located in the Chicago metropolitan area, while four had locations in multiple states, and one employer was global.

UNIQUE ATTRIBUTES OF THE MBGH MARKET

The third largest city in the nation with over 2.7 million people, Chicago provides easy access to the world. It serves as a hub for six of the nation’s seven Class I North American railroads and six major U.S. Interstates. The city’s two main airports offer access to more than 200 cities worldwide. Chicago is a leader in a number of key industries, including: Business & Financial Services, Manufacturing, Information Technology, Health

"The MHSP incorporates many of the key strategies, including value-based benefit design (VBBD), that MBGH has been promoting the past several years, into a comprehensive program. Employers who participate will gain the capacity to integrate and better understand the health data on their covered populations, which serves as the foundation for a company's successful health management programs."

Larry Boress, MS
President & CEO, MBGH



COMPANY OVERVIEW

- Type of Industry: Retail Trade
- Number of Employees: 29,000
- Primary Health Plan Offerings: Self-Insured
- Primary MHSP Goal: To affect our overall health spending by developing a health management strategy that is visible to associates and reinforced by leadership; Improve overall health for associates with CAD, COPD, diabetes and asthma.

KEY WELLNESS PROGRAMS

- Provided premium credits for completion of annual health assessment and physical to encourage healthy behaviors in addition to reduced medical plan rates for non-tobacco users.
- Collaborated with medical and prescription medication providers to improve ROI for condition management programs and a value-based 50% prescription drug discount.

- Implemented tobacco cessation program that provided lifestyle health coaching, coverage for prescription drugs, and tobacco-free buildings.
- Sponsored company-wide activity challenge to promote health awareness throughout U.S. and Canada.
- Implemented a multiple channel communication strategy that included development of the *Work Life Maximized* brand for associate outreach. Used company-specific health data to develop highest priority wellness messaging.

HIGHLIGHTS/RESULTS

- Achieved overwhelming success for inaugural year "Walking Challenge" involving 170 teams, 1400 participants; 79% of respondents increased activity levels, and 73% continue to be active.
- Increased annual physical exam completion rate by 34.5% from 2010 baseline.

- Improved condition management engagement levels for targeted associates with high cost chronic conditions by 218% from 2010 baseline.
- 2013 Edington "Great Beginning" Next Practice Award; 2012 Building a Healthier Chicago's Silver category for Healthy Worksite.

STEVE PARSONS

*Executive Vice President,
Chief Human Resources Officer*



Our investment in health and wellness programs is an investment in our most valuable asset – our associates. Our associates are the foundation of everything we do. That's why OfficeMax launched a comprehensive long-term health management initiative, Work Life Maximized, to support associates in their health

and wellness efforts by providing a safe and healthy environment and appropriate tools and initiatives. With the help of our vendor partner, Blue Cross Blue Shield of Illinois, we have been able to offer solutions that are delivering results. Both the company and our associates also recognize that wellness programs help keep them, and their families, focused on being healthy, enabling us to keep the overall costs of their employee benefits competitive, which is important in today's challenging business environment.

Services, and Transportation & Distribution, in addition to being a global leader in options, futures, and derivatives trading. The combination of market access and economic diversity provides the resources for a company to flourish. Alongside Chicago's pro-business environment, support services, and unique opportunities for growth, the city also offers a vibrant mix of cultural, educational, and social amenities. Chicago has a global and diverse economy, with more than 400 major corporate headquarters, a culturally diverse private-sector labor force of over 4 million people, and 1,500 foreign-owned companies.

MBGH was pleased to have several of its member companies participate in the American Health

Strategies Project. The tools and resources provided during the 30-month process allowed these employers to achieve better value for their health care dollar and put into practice a variety of key business strategies that encourage employee engagement and improve their health and well-being.

SUMMARY OF THE MIDWEST HEALTH STRATEGY PROJECT (MHSP)

In April 2010, MBGH was one of five "Early Adopter" Coalitions awarded a grant from the National Business Coalition on Health to participate in a nationwide employer learning collaborative called the American Health Strategy Project (AHSP). The pilot project



COMPANY OVERVIEW

- Type of Industry: Global Information Services
- Number of Employees: 8,100 (U.S.), 19,000 (worldwide)
- Primary Health Plan Offerings: Three national plan options: CDHP with HSA, PPO and EPO
- Primary MHSP Goal: Better-structured approach to evaluate health management strategy; improve use of data, which includes regional, subgroup population trends to better focus on targeted health opportunities.

KEY WELLNESS PROGRAMS

- Weight Watchers
- Activity Challenge/Relay for Life
- Tobacco Cessation
- Company Wellness Champions

HIGHLIGHTS/RESULTS

- Identified gaps in reporting from previous health plan carrier and during negotiation process with new carrier, developed desired data points for more meaningful reporting. Now able to obtain aggregate data by customer unit to determine appropriate program interventions.
- Implemented "Get Active" activity challenge and a gym incentive program; utilization of gym incentive increased to over 8%.
- Participation in biometric screenings increased almost 30% from previous years due to implementation of incentive strategy.
- Increased participation in first activity challenge, Active for Life; participation more than doubled from the initial pilot program to 540 participants. Senior Leadership is now visibly involved.
- Since implementing the Weight Watchers program, 560 employees

and spouses have lost a total of 6,686 pounds with 124 members reaching 5% weight loss and 56 members reaching 10% weight loss. With proven success, the company's subsidy of this program increased to 50% in 2012.

- Developed a role for wellness champions to support communication of company initiatives across multiple U.S. locations; included senior leadership.
- Participation in the smoking cessation program more than tripled in 2012 as a result of heavy promotion in the program. The overall percentage of employees reporting a positive smoking status on annual enrollment decreased from 20% in 2011 to 18% in 2012, resulting in an estimated savings of \$533,601 in medical costs and \$182,068 in productivity costs. Additional plans for creating smoke-free campuses in company-owned facilities are moving forward in 2013.

MARTY BUSH

Executive Vice President, Business Services & Operations, Wolters Kluwer Global Shared Services



Wolters Kluwer understands how valuable a healthy workforce is in supporting a successful, productive organization. To that end, our participation in the Midwest Health Strategy Project helped us better determine our health management strategy approach and supported our efforts to gain better access to our data. We have taken steps to improve the employee experience through comprehensive vendor integration, enabling us to more effectively evaluate outcomes.

brought a variety of tools and resources that were created during the Kansas City Collaborative (KC²).

Participating employers worked through the following three AHSP Project Phases over a 30-month time period: Assessment, Implementation, and Outcomes. Project goals included creating evidence-based interventions that specifically affect participating employer benefit designs for 2012 and 2013.

All employers' health plans (six) participated in employee health initiatives. During the project, four employers changed health plans. About 40% of the participating employers were from the health care industry and had access to internal health care resources, and half of the employers offered onsite health services. Three employers used a data integrator.

The MHSP employers identified access to data as a large barrier during their baseline assessment. The majority focused on implementing business goals to lay the foundation for population health goals and to better obtain baseline data that assess the health status of their covered population.

UNIQUE ADJUSTMENTS TO PROJECT'S APPROACH

The project permitted the coalition to adjust and enhance the tools created during KC² and provided by the AHSP team. Pfizer and MBGH collaborated to create a steering committee that met routinely throughout the duration of the project. During these meetings, a measurement tool was created that enhanced the original structure of the Employer's Individual Report. This tool helped summarize the participants' progress with respect to the guiding principles, a list of business-focused elements that formed the foundation of the project. The tool included a definition of each of the guiding principles in addition to a stop-light grid with the following definitions:

- **Green:** Indicates that the elements show a good foundation and that the employer is moving in the most beneficial direction
- **Yellow:** Indicates some items are in place, but this area needs further exploration
- **Red:** Indicates opportunities for action

GUIDING PRINCIPLE SCORES FOR THE MHSP EMPLOYERS

	Baseline Score	Collaborative Midpoint Score	Final Scores
Strong Vision			
Engaged Leadership			
Decision-making authority			
Dedicated Staff			
Engaged Stakeholder team			
Culture of health			
Strong vendor partnerships			
Supporting budget			
Access to data			
Timely and usable			
Determine health status			
Data integration formats			
Demographic profile			
Resource tools			
Communication Strategy			
Employee engagement			
ROI-Definition			
Defined metrics			
Tracked Outcomes			

■ RED = Needs Action ■ YELLOW = Some items in place ■ GREEN = Moving in the right direction

The use of this tool throughout the 30-month project helped employers see the improvements they were making to their business processes. The majority of the employers made great strides towards the elements of the guiding principles, which included enhancing their health management teams, better engagement of leadership, and obtaining actionable data more effectively. The table on page 17 presents the aggregate results for the group at the baseline, midpoint, and at the end of the sustainable change cycle.

A second tool developed during the project was the MHSP Outcomes Scorecard. This provided enhancements to the original AHSP Scorecard tool because it highlighted not only the individual employer's business and population health metrics, but the group's overall metrics as well. The tool included a variety of resources, such as the sample scorecards from the KC

Collaborative. It was launched at the beginning of the Outcomes Phase and served as a foundation for all employers as they completed their work in this module.

OVERALL RESULTS

A summary of the many successes participating employers achieved follows:

POPULATION HEALTH

- Five employers were successful in implementing a value-based benefit design strategy.
- Six employers enhanced their communication strategy to support improvement in employee engagement.
- Overall participation rates for disease management programs greatly increased for one employer, and three employers increased participation rates in their annual health risk assessment (HRA).



COMPANY OVERVIEW

- Type of Industry: Municipality
- Number of Employees: 1,039
- Primary Health Plan Offerings: Fully-Insured
- Primary MHSP Goal: To build a health management strategy that better manages health care costs, and access to data that supports appropriate interventions that improve the health of employees and their families.

KEY PROGRAMS

- Implemented a comprehensive HRA/Biometric Screening program for active employees in 2011.
- Implemented employee wellness programs focused on fitness, managing weight, reducing stress, and eating healthy.

- Monthly onsite employee *Lunch and Learn* meetings on topics such as Healthy Eating, Stress Management, Controlling Diabetes, and Making Healthy Food Choices.

- Offered a free tobacco cessation program to employees self-identified through biometric screening.
- Removed cost barriers for preventive services to encourage employees and their families to engage in their health.

HIGHLIGHTS/RESULTS

- A comprehensive evaluation of all vendor partnerships prompted the decision to reorganize and streamline processes to allow for consolidation of services and better access to data.

- Due to better access to data, company can now identify top health conditions.
- A 70% increase in participation rates (more than 575 employees) was seen in 2011 for HRA/Biometric screening program.
- Developed a comprehensive health and wellness communication strategy. Communications included multiple media, such as emails, posters, and flyers.
- Participation rates in wellness programs increased 35% since 2010. The largest program, Zumba, has a 65% retention rate. "Walk Away Your Stress" had a 100% completion rate. The smoking cessation program had a 75% completion rate. Survey results indicate high employee satisfaction with the programs.

MAYOR KAREN FREEMAN-WILSON City of Gary



The City of Gary has made significant strides to cultivate a healthy workforce. From health fairs and exercise programs to free screenings and walk-a-thons, we know that when our employees are healthy, we are more productive as a team. The Midwest Strategy Project continues to support us in our efforts by providing helpful templates that allow us to analyze data and manage employee health more effectively. We are proud of our accomplishments thus far and will continue to provide opportunities for our team members to embrace healthy lifestyles.

- Three employers saw positive shifts in health risk status and clinical values from the results of their HRA in 2012 compared to 2011.

BUSINESS HEALTH

- Two employers were successful in utilizing wellness champions to engage their employees in health and wellness activities.
- Five employers enhanced the value of their health management teams. For some, this meant fostering better engagement with senior leaders, for others, it enhanced their overall work processes and provided a more effective way in which to unify all members to accomplish a mutual goal.
- Four employers implemented branding strategies to enhance communication of their health management programs and services.
- Three employers analyzed and streamlined their vendor partnerships, which allowed for better access to, and integration of their data.
- Four employers reviewed and analyzed current contracting with their vendors, which enhanced their ability to better access their data in formats that provided better usability.
- Two employers put processes in place that better utilized internal health resources for employees and their families.

As with any project, certain challenges arose. Changes in the economy prevented some employers from completing the project in its entirety. Three employers had internal turnover within their Human Resource and Benefits departments and were unable to attend in the final year. One employer had competing priorities and chose to withdraw from the project. For those employers who completed the project, a few

had challenges with vendor services that caused them to take extra steps to effectively manage the roll out of their interventions.

During the exit interviews, each employer that completed the project was asked to provide feedback on the overall utility of the project and the usefulness of the tools used during the project on a scale of 1-5 (with “1” being of low usefulness and “5” being of high usefulness). The results are seen in the table below.

MIDWEST HEALTH STRATEGY PROJECT AND TOOL FEEDBACK		Average
Baseline Survey/Map		4.3
Employer Report		4.7
Guiding Principles		4.3
Data Tracker		3.8
Intervention Grids		3.8
Implementation Workbook/Worksheets		3.7
Scorecard		3.8
Dollarizing the metrics		5.0

Employers were also asked to summarize the overall value of the project. A majority of them said they learned they were not alone, that the other employers faced many of the same issues and challenges. As a result of the collaborative, a majority learned how to resolve their own barriers and felt they were headed in the right direction due to better understanding their data. The project helped them put a framework around their processes and created a structure for working with all the details.

COALITION INTRODUCTION AND OVERVIEW



Pittsburgh
Business Group
ON HEALTH

The Voice of Business in Pittsburgh: The Pittsburgh Business Group on Health (PBGH) is an employer-led, non-profit coalition of more than 95 members, including 67 employer members representing over 1.2 million employee and dependent lives across the country. Formed in the early 1980s with just 12 companies, its mission is to promote healthcare and benefits strategies through education, collaboration and innovation among members and in the community, and to deliver value and quality for members and their employees.

PITTSBURGH: MORE THAN THE STEEL CITY

The makeup of the PBGH employer members reflects the transformation that Pittsburgh has made from a smoky steel town into a vibrant city that is now known for its high technology, banking, healthcare and education. Home to the headquarters of many large, as well as international, companies including Dick's Sporting Goods, H.J. Heinz, PNC, PPG Industries, and U.S. Steel, Pittsburgh also boasts nearly 30 colleges and universities, including Carnegie Mellon University and the University of Pittsburgh, fostering an ideal environment for small, high-technology start-ups. Three of the area's top ten employers are in healthcare.

Having led and influenced many changes in its 30+ year history, PBGH is known as the organization of choice for this diverse and growing business environment. As the voice of business for healthcare and benefits, the coalition is a strong advocate for employers and their employees.

PBGH offers its employer members a host of educational, networking, benchmarking, and comprehensive wellness resources including:

- Confidential, members-only forums
- Annual health care symposium
- Group purchasing programs, including prescription and healthcare programs for self-insured members
- Health and wellness services, including diabetes management resources, flu shot administration, and its annual corporate wellness challenges.

PBGH AND THE AMERICAN HEALTH STRATEGIES PROJECT

PBGH's selection as one of the early adopters of the American Health Strategies Project (AHSP) was instrumental in meeting a key board of director's

goal of assisting employer members in developing value-based health care and benefit strategies based on measurable outcome data. The AHSP provided the ideal collaborative infrastructure to develop, execute and measure employer-specific initiatives whose results could be measured and later shared with all PBGH employer members.

As one participating employer explained, “PghHSP (Pittsburgh Health Strategies Project) is a data-driven and outcomes-based program identifying our particular health issues, so we can develop appropriate strategies that will provide the best value for both our employees and our company.”

SUMMARY OF PGHHSP

DEMOGRAPHIC MAKEUP OF PARTICIPATING EMPLOYERS

- 1 global, 5 national, 4 multi-state and 1 regional firm
- 82,000+ total employee lives (Company range from 150 employees to 39,000 employees)
- Industries including manufacturing, retail, professional/scientific, information management, utility, law and advertising/marketing firms

FUNDING ARRANGEMENT OF PARTICIPATING EMPLOYERS

- 7 self-insured companies
- 4 fully-insured companies



COMPANY OVERVIEW

- Type of Industry: Energy and Utility
- Number of Employees: 20,000
- Primary Health Plan Offerings: Self-Insured
- Primary PghHSP Goal: Develop a strategy to analyze and calculate ROI strategies using its data-rich sources
- Westinghouse provides numerous health and wellness offerings, both on-site and on-line, as well as many value-based initiatives. Westinghouse sponsored vendor summits and vendor recognition programs for a number of years, which is indicative of its strong collaborative partnerships. In 2012, the Pittsburgh Business Times named the corporation “Healthiest Employer.”

THE PLAN

- Use new data integrator and warehouse system to evaluate wellness offerings and collaborations with vendors
- Focus on tracking health reimbursement accounts (HRA) completion, shock claim trends, and preventive use of emergency rooms and retail clinics
- Devise a system to score its employees as low, moderate or high users of health and wellness programs
- Develop scoring using a weighted system tracked by its data integrator and warehouse.
- Track and compare overall health care, pharmacy and ER costs as employees were classified into the respective categories

ACTION

- Catalog on-site and internet wellness program participation and categorize as low/medium/high utilizers

- Track overall healthcare costs by wellness category
- Define success and plan continue programming by wellness category analysis and pre-defined metrics plan

RESULTS

- Increased Actionable Data rating from “meets expectations” to “best in class”
 - Tracked health risk and stratifying by wellness utilization category
 - Measured against risk and wellness utilization levels and estimating cost difference(s)
 - Increased the amount of actionable data available to inform decisions
- Increased Healthier More Productive Employees rating from “meets expectations” to “best in class”
 - Smoking rate dramatically decreased

- % employees reporting inadequate activity levels or unhealthy diet decreased by >50%, respectively

■ Increased Higher Value for Healthcare rating from “meets expectations” to “best in class”

- Executive presentation included cost comparisons by participation in wellness
- Overall medical spend (PMPM) dramatically decreased

DANNY RODRICK
Chief Executive Officer



Westinghouse stands behind corporate wellness and safety for our entire population. We believe that the program supported our Mission and culture of wellness.

In addition, 50 percent of the employers contracted with the same health plan along with various health and wellness vendors.

COMMUNICATION IS KEY

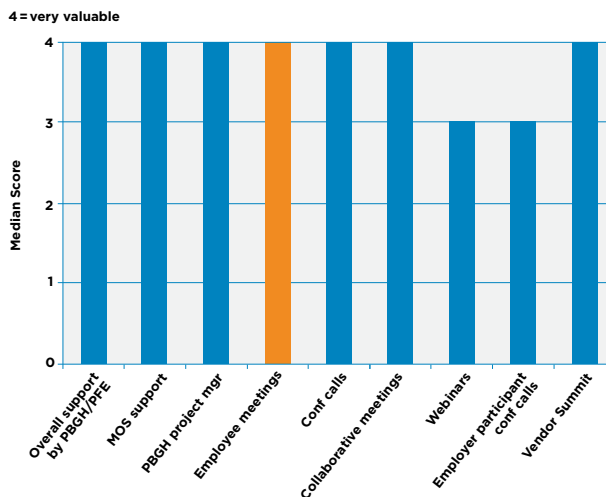
Knowing that participants are routinely flooded with a constant barrage of communications in the course of a normal work day, PBGH focused on streamlining communications and reporting for the employers.

PBGH provided each participating employer with an *individualized one-page baseline report* in addition to an overall aggregate, coalition report. This concise executive summary included specific, actionable recommendations, metrics for measuring results and the success of actions taken, and overall scores for identified categories of a comprehensive health strategy: 1) strong management team, 2) actionable data, 3) healthier, more productive employees, and 4) higher value for health care dollars. Feedback on the individualized, executive summary was very positive. One benefits manager noted, “We received customized, company-specific reports highlighting areas of opportunity to help employees and their families improve their health while containing costs.”

The concise, employer-specific, one-page report provided key metrics and actionable steps for each participating employer. It became the roadmap for the development of each participant’s plan of action, and was easy to follow and share with the employer’s C-Suite.

Of the 11 employers, three focused their efforts on developing and activating a strong health management team, two concentrated on decision-making based on actionable data (developing health and wellness return on investment strategies), and six on fostering a healthier, more productive workforce (including smoking cessation programs, medication adherence programs, and increased employee engagement in current exercise and diet programs). Each employer was paired with an employer colleague who was focusing on a similar

VALUE OF PGHHSP PARTICIPATION



health strategy initiative. This “buddy system” allowed the employers to share best practices and resources. Once again, the response was positive.

FOSTERING STRATEGIC PARTNERSHIPS: PGHHSP UNIQUE APPROACH TO A VENDOR SUMMIT

A key goal of all participating employers was to improve collaboration with vendor partners. To help accomplish this, PBGH hosted a PghHSP vendor summit modeled after participant Westinghouse Electric Company’s annual on-site vendor summit. Five health plans and prescription benefit managers took part in the summit, which all PghHSP employers attended.

The mission was to foster dialogue, address resistance, share information, and identify mutually agreeable goals to improve health and wellness offerings for employees. Most importantly, all participants wanted to establish strategic partnerships in order to move away from mere buyer/vendor relationships. The anticipated result was that both employers and their health care benefit vendors would share pertinent information, not just data, to improve and enhance program offerings.

To receive maximum benefit from the event, PghHSP employers prepared questions and requests for the vendors prior to the summit. These questions focused on how they could transform their role from suppliers to partners. In turn, the vendors provided a list of key reports and resources. At the summit, the vendors grouped their various health and wellness offerings into related categories, such as smoking cessation, cardiovascular management, etc., with the result that employers discovered many programs they could take advantage of at either no additional or nominal cost.

Following the event, PBGH completed formal evaluations, which were overwhelmingly positive. The goal to foster dialogue was achieved when employer participants found themselves able to discuss candidly how vendors could better position themselves as partners. As one participating benefits manager observed, “the comments from healthcare providers put a different perspective on issues.” Based on the success of this first vendor summit, PBGH will host subsequent events modeled on the same design.



MARC USA

COMPANY OVERVIEW

- Type of Industry: Marketing and Advertising
- Number of Employees: 200
- Primary Health Plan Offerings: Fully-Insured
- Primary PghHSP Goal: Develop a strategy to better integrate and calculate ROI of existing wellness offerings
- Similar to Westinghouse, but with a very different demographic, MARC USA conducted a comparable project. MARC USA is a multi-state marketing and advertising firm.

The agency had a strong wellness focus, but did not have a formal wellness committee or the means to track the costs and benefits of employees participating in wellness offerings.

BASELINE

- 54% of employees completed the wellness profile
- 49% of employees received preventive care
- 4% percent of employees completed the on-line program

PROBLEM

The agency did not have the means to categorize employees by use of wellness programs compared to health claim costs.

ACTION

- Catalog its on-site programs and create a spreadsheet to track usage with weighted values for various programs.
- Work with the health plan to stratify claims data by identified categories

RESULTS

- The first-ever executive report that stratified medical costs by wellness program usage.
- Average medical costs were lower for high wellness users (average cost \$770) compared to medium (average cost \$1,100) and low users (average cost \$1,700).
- MARC USA was able to forecast cost savings by increasing participation, as well as predict potential cost reductions by shifting low or medium users to medium and/or high usage categories, respectively.

MARC USA is now able to track health and wellness initiatives, evaluate data, analyze data for gaps, finalize a point system, and categorize employees by wellness usage. These efforts led to the ability to evaluate employee engagement in wellness offerings, compare medical claims costs across employee categories according to use, and analyze the value of individual components of the wellness program as well as determine quality improvement opportunities.

MICHELE FABRIZI

President and CEO



At MARC USA, we are committed to an employee-centered culture, so, the health and wellness of

our employees is a top priority. A key tenet of this is providing our employees top quality, affordable health benefits—but it's equally important that we proactively support our employees' wellness. Our HR team has crafted a comprehensive program of wellness activities based on employee interests. And we see measurable results. Because of our improving employee health experience, we've been able to consistently avoid health insurance cost increases against the national landscape of dramatically escalating costs. We'll continue to invest in wellness because of the huge return in both employee well-being and cost containment.

KEY FINDINGS

Employer-specific progress was made in each of the four PghHSP areas of concentration, which included:

■ Strong management team

- Two employers created and launched wellness teams with missions, visions, goals, and agendas that were reviewed in regularly scheduled meetings

■ Actionable data

- Two employers are now receiving medication adherence data in a new, more understandable, and actionable format

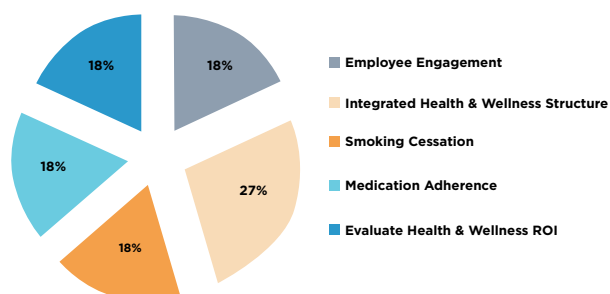
■ Healthier employees

- One employer reported record-high participation in a health plan's wellness program
- Another reported record-high participation in the PBGH-sponsored corporate wellness challenge, STEP UP, STEP OUT, a health competition across all PBGH members
- In addition, one company added dependents to their wellness program offerings

■ Higher value for health care dollars

- Two employers developed internal strategies to provide return on investment (ROI) calculations, which led to changes in vendor analysis and reporting, including ROI measures

TYPES OF INITIATIVES



All participating employers gained executive-level approval and support over the three-year project and shared results with their C-suites. One executive management team was “very pleased with the project and interested in the final results.” Another employer noted, “Our executives were very involved in the process and see the benefit of the PghHSP. We are looking to expand upon what we have done.”

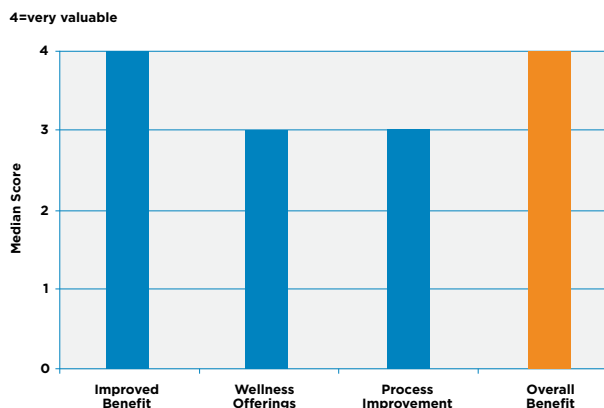
RESULTS BY THE NUMBERS

Employers were asked to rank their perception of the value of PghHSP on a scale of 1 to 4, with 1 being not valuable and 4 being very valuable. The overall benefit of the program and subsequent improvements in benefit offerings were rated as very valuable. In addition, employers were surveyed with regard to the tools, resources, and deliverables of the PghHSP. The numbers below speak for themselves:

- 75 percent stated the PghHSP provided resources and/or insights to better understand team structures, formats and goals of a strong health management team, and 100 percent are receiving more actionable data from vendors.

- 83 percent responded that they are using resources introduced during the project, and 100 percent are making better use of existing resources.
- Over 50 percent of participating employers noted that their wellness offerings were improved and/or increased as a result of participation in the PghHSP.
- 80 percent of employers stated that they would continue to use the tools from the PghHSP program.

VALUE PGH HSP PROVIDED



COMPANY OVERVIEW

Type of Industry: Testing and Technology

Number of Employees: 500

Primary Health Plan Offerings: Fully-Insured

Primary PghHSP Goal: Develop wellness team to better integrate existing wellness offerings

Could a company with a small employee population in more than 25 locations worldwide develop an integrated health and wellness team infrastructure? That was the goal of Microbac, which operates one of the world's most diversified commercial testing and analytical laboratory networks.

First, Microbac created *Wellness Warriors*, a cross-functional, multi-discipline group of employees serving as health and wellness

committee members. The *Wellness Warriors* implemented the following:

- A mission and goal statement for the committee
- Standing, recurring meetings with specific agenda items and yearly goals
- A charter defining formal member roles and responsibilities
- An executed commitment statement signed by each member

In addition, the committee members complete a self-assessment annually in order to evaluate the committee. As an incentive, participation as a *Wellness Warrior* is included in annual employee performance reviews.

Microbac believed that supporting and growing its health and wellness infrastructure would better position the company to engage and activate employees to participate. Their results proved this assumption was accurate.

RESULTS

By the end of the first year of the project, participation in the company walking challenge through the Pittsburgh Business Group on Health's annual corporate wellness competition, also known as STEP UP, STEP OUT, increased by 70 percent. The company's ability to offer this healthy competition to all employees, regardless of their geographical location, was a key factor in this increase in participation. The company also experienced increased levels of participation in other wellness events. In addition, employee participation in health risk assessments reached 75 percent. The corporate leadership has both supported and recognized these achievements.

As a result of these efforts, Microbac now "exceeds expectations" in the area of a strong management team.

N. CABOT EARLE, JR.

Chief Administrative Officer



Microbac believes healthcare is an important benefit to its employees and their families. At the same time,

we knew we were on an unsustainable path—for the company and the employees—and had to adjust. The strategy we developed focused around a partnership with our employees. We needed to educate, enable and incent smarter consumption and more proactive health management. If we were successful in this partnership, we could exact control over our healthcare spending to make it a more valuable and attractive benefit.

OVERVIEW AND HISTORY



The Virginia Business Coalition on Health (VBCH) is comprised of 57 employers and health-related organizations committed to building the business case for value in health care and promoting a healthy workforce. With an average workforce of 2,000 employees, VBCH employer members represent 360,000 covered lives and purchase approximately \$3.2 billion in health care per year.

Founded in 1983, VBCH operates today as a mixed-model coalition of employers and providers. VBCH provides members with innovative educational programs in the form of learning networks, business roundtables and conferences, peer networking opportunities, and access to actionable information on benefit design and health care purchasing. Participation in ground-breaking demonstration projects, such as the Virginia Health Strategy Project (VHSP), engaged five employer-members to utilize a data-driven strategy to assess gaps in employee health care and to design and implement interventions to improve worksite health.

REASONS FOR PROJECT INVOLVEMENT

At the VHSP launch in August 2010, the members had many innovative benefit initiatives, and were sharing best-practices. However, a focus on population health to address spiraling medical costs was a priority. The employers sought to improve vendor management, as well as data reporting and analysis to align factors to promote a continuum of health.

VBCH promotes value-based benefit design (VBBD) and the integration of data for making the right purchasing decisions. A 2012 VBCH survey revealed that members continued to support and have a strong interest in health, wellness, and prevention. However, their resources for planning are stronger than those for evaluation.

VBCH employers understand that a healthy workforce is key to organizational success, and wanted to implement benefit design, wellness and prevention programs that eliminate participation barriers, create initiatives to increase employee accountability, and promote healthy behaviors. While many employers saw significant savings in conjunction with improved

VIRGINIA PREVALENCE	%
Obesity	26.4
Diabetes rate	8.7
Rate of High Blood Pressure	27.5
Rate of High Cholesterol	36.7

Source : 2009-2010 BRFSS VA

employee health, the VHSP provided an additional lens to identify gaps in data reporting as well as an opportunity to improve vendor communications.

UNIQUE ATTRIBUTES OF THE VBCH MARKET

The Commonwealth of Virginia is a large, sweeping territory with twelve diverse metropolitan areas. Home to approximately eight million residents, Virginia's capital is Richmond, although Virginia Beach is its most populous city. Virginia's economy is highly diverse and is home to 24 Fortune 500 companies. Small businesses significantly impact Virginia's economy and represent 97.8 percent of all employers and employ 47.9 percent of the private-sector labor force.

VIRGINIA STATISTICS

based on 2010 Census

- **Population: 8,001,031 (2010 est.)**
- **Corporate headquarters for many large corporations and organizations including:**
 - Poultry, dairy, cattle, corn, and tobacco products in addition to shipbuilding, tourism, and federal and military installations representing all four branches of the armed services.
- **Diverse workforce includes white collar, blue collar**
 - Virginia is a "right to work" state with a low percent of the workforce under labor agreements.
- **Demographics:**
 - Gender balance - 51% female
 - Median age - 37.5
 - Distribution of Virginia racial/ethnic groups: White (71.3%) Black (19.8%) and Hispanic (8.2%).



NORFOLK

ORGANIZATION OVERVIEW

- Type of Industry: Municipality
- Number of employees: 5,200
- 8,573 covered lives
- Fully-insured with a 3-5 year strategic plan to move to self-funded by 2014
- Primary Goals: Improve health status of employees and dependents having or at risk for one or more health risk factors.

KEY PROGRAMS

- Incentives: Introduced incentives to improve employee engagement and participation in key initiatives or programs
 - Health Risk Appraisal: \$120 annual premium reduction
 - Diabetes Disease Management: Potential of \$560 annual incentive

- Changed benefit design to include removal of barriers for drug therapy, nutrition counseling, and preventive measures.
- Revised the Wellness Council and Wellness Champion Teams to include new city manager.
- Developed a coordinated messaging campaign.

HIGHLIGHTS

- Health Risk Assessment program participation grew from 4% to 64% with introduction of incentive.
- Decrease in employees with self-reported high risk factors from 8% to 4%.
- Project a \$10 million annual savings by moving to self-funded plan.

- Decreased risk in targeted high-risk population (five or more risks) by engaging in lifestyle management coaching program.

DONNA VOGEL

Manager, Human Resources



The City of Norfolk has played a solid role in employee wellness and recognizes the importance of a healthy workforce. We offer two Point of Service health plans with incentives for those who participate in preventative activities and disease management programs. Our HRA participation grew from 4% in 2009 to 64% in 2012 due to a

\$120 annual healthcare premium reduction incentive for HRA completion. Overall, the number of employees who are at high and complex risk was reduced from 16.4% in 2009 to 15.2% in 2011. And the numbers of employees who are well or low risk has gone from 67.9% in 2009 to 69% in 2011. Lastly, our health management team has been finalizing a 3-5 year strategic plan with a projected savings of approximately \$5 million annually, including conversion from fully- to self-insured and the completion of a 'dependent' audit.

Three best-practice VHSP employers who participated in the American Health Strategies Project are featured below. They achieved their goals and objectives and utilized an innovative approach to focus on population health instead of health care cost silos. The purpose of sharing these examples is to encourage other employers to adopt similar practices to improve and sustain their culture of health.

SUMMARY OF VHSP PROJECT

EMPLOYER PARTICIPANT OVERVIEW

Five employers completed the VHSP project, including Bon Secours Health System – Virginia, Chesapeake Public Schools, Chesapeake Regional Medical Center, the City of Norfolk, and Sentara Healthcare.

- **Number of employees:** 43,000 FTEs
- **Plan Type:** 4 self-insured; 1 fully-insured
- **Top 3 behavioral risks:** Overweight/Obesity, Sedentary Lifestyle, Poor dietary habits
- **Top 3 health conditions:** Cardiovascular/Diabetes, Cancer, Musculoskeletal

OVERVIEW OF PROJECT

VHSP adopted and implemented the AHSP tools and modeled its process on the original KC² project, tailoring it to suit the needs of VBCH employers and their benefits planning timelines. The VHSP rollout included:

- Employer Action Meetings
- “One-on-one” meetings between the project team and individual employers during each of the three project



SENTARA®

COMPANY OVERVIEW

- **Type of Industry:** Health care organization
- **Number of employees:** 20,778
- **Self-insured with a self-funded plan**
- **Primary Goals:** Improve health status of covered employees having, or at risk for, one or more cardio-metabolic risk factors, and specifically diabetes, as well as making health a core business strategy.

KEY PROGRAMS

- **Coordinate management to support “Mission: Health,” a comprehensive wellness and disease management program.**

- **Expand “Mission: Health” to employees and newly acquired beneficiaries at Sentara Northern Virginia Medical Center.**
- **Promote corporate culture of wellness to new employees.**
- **Integrate vendor offerings.**
- **Expand disease management to covered spouses.**

HIGHLIGHTS

- **Tobacco free campus implemented system-wide.**
- **Increased participation in HRA from 67% to 72%**
- **Improvements seen in employer defined goals for**
 - **Smokers decreased from 10% to 5%**

- **Population with normal cholesterol improved from 72% to 84%**
- **Population with BMI>25 decreased from 68% to 60%**
- **Population with physical activity 3 or more times a week increased from 52% to 71%**

JENNIFER JONES

*Vice President,
Benefits/Compensation/HRIS*



More than five years ago, Optima Health, in partnership with Sentara Healthcare, implemented an innovative, incentive-based health and wellness

program for its 11,200 benefit-eligible employees. The employee wellness program, Mission: Health, saved Sentara Healthcare \$3.4 million in healthcare costs—\$6 for every \$1 invested in the program—in the first three years, while health indicators improved significantly. Sentara Healthcare implemented the Mission: Health program for our team members at Sentara Northern Virginia Medical Center (Potomac Hospital), acquired in 2011, with the goal of improving health and reducing medical costs. Our challenge was to introduce and engage members in the culture of wellness through the Mission: Health program.

phases to provide assistance with data collection, assess progress, and offer feedback and suggestions throughout the planning and evaluation process.

UNIQUE OFFERINGS AND ADJUSTMENT TO APPROACH

The team promoted the concept of vendor partnering and encouraged inclusion of vendor/partners at Employer Action Meetings and at one-on-one meetings (at the employers' discretion). VHSP also developed a dashboard to highlight top diseases/conditions, medications, and risk factors to assist employers in targeting population health risks. The team developed a streamlined approach to identify metrics to track interventions, and followed this format throughout the project and final reporting period.

KEY FINDINGS

VHSP team's collaborative process and peer-to-peer networking was valuable in several ways:

- To exchange and develop ideas for wellness strategies implementation, data use, vendor management/partnering and benefit design.
- As a benchmark against other VHSP and AHSP employers provided by IBI and Pfizer through their national efforts.
- To incorporate VBB strategies and best practices with evidence-based guidelines.
- To identify, integrate and utilize actionable data to set goals and metrics, intervention plans and evaluation.
- To assess ROI realization beyond financial measures to incorporate value assessment.
- To understand that data need not be perfect in order to be actionable. All VHSP employers expressed the need for improved data reporting and integration.
- "Scorecard" utilization provided an ongoing focal point for key data, program evaluation, and future goal planning.

Transform vendors to partners

- Realized the need to transform vendors to partners, particularly to obtain data for integration and standardized reports.

Nurture the concept of value for health care investment

- Obtain senior leadership support to view health as a key business strategy; foster a culture of health with specific commitment and communication.
- Enhance workforce accountability with benefit design and incentives strategies. Improve employee engagement to promote stratification, behavior modification, and outcomes. When participation strategies are incented, provider performance should also be assessed.
- Unify communication to all levels of leadership, management, and employees in an effort to drive organization-wide adoption of goals and promotes a culture of health.

VHSP employers utilized the AHSP four core principles and aligned them with their organizational goals. The following chart summarizes the population and business health strategies:

USE OF INTERVENTIONS TO ADDRESS THE FOUR CORE PRINCIPLES	% OF EMPLOYERS
■ Build Stronger Health Management Team (Business Health)	100%
■ Enhance vendor partnership	100%
■ Enhance cross functional planning	60%
■ Senior leadership support/fostering a culture of health/health as a key business strategy	80%
■ Obtain more Actionable Data (Business Health)	100%
■ Have Healthier, more Productive Employees (Population Health)	100%
■ Health Promotion – general population wellness/prevention	100%
■ Primary Prevention – target at-risk, but pre-chronic condition	40%
■ Secondary Prevention – target those with conditions	100%
■ Obtain Higher Value for Health Care Investment (Population Health)	100%
■ Value-based benefit design	100%
■ Educate & engage employees in optimal use of health care	100%

POPULATION HEALTH STRATEGIES

Data of the VBCH employers indicated that cardio metabolic risk (CMR) provided the greatest opportunity for improvement of population health intervention planning. The top three risk factors included overweight/obesity, physical inactivity, and nutrition. In the case of those reporting screening information, 35% of the population had high blood pressure. When asked for top medications by volume and costs, medications for cholesterol and blood pressure were prevalent. All employers reported disease management programming, offered a diabetes program, and 80% offered a smoking cessation program.

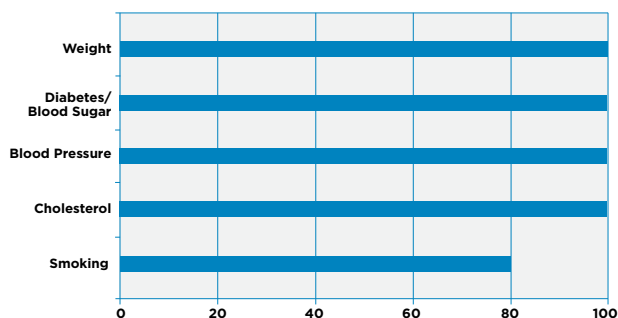
All VHSP employers chose CMR reduction interventions to address blood pressure, cholesterol, blood sugar, and obesity. Smoking was addressed in 80% of the participating organizations. During the course of the project, the employers advanced the use of value-based purchasing strategies and focused their efforts on wellness and prevention. Every employer was dedicated to improving the culture of health from top to bottom at every level, and offered both incentives and disincentives to encourage behavior change.

VHSP employers often focused on a subset of the total employee population, yet many of the interventions and metrics they chose were distinct. One common intervention was to foster a culture of health throughout their organizations. While this is an ongoing mission, some employers reported improvements in their interventions, others were tracking participation rates, behavioral improvements, or positive outcomes, and in some cases, a combination of all three.

BUSINESS HEALTH

VHSP employers revealed during their baseline assessment that they had supportive senior leadership as well as an engaged middle management to encourage employees to develop healthy behaviors and to

% OF EMPLOYERS OFFERING PROGRAMS BY HEALTH ISSUE



communicate value-based benefit decisions. Sixty percent of employers did not have concerns about current or future leadership support and felt confident in their decision-making authority. Several employers expressed a common theme in the need to understand employee motivations and barriers to engage in health and wellness activities.

A VHSP TARGET INTERVENTION: ENHANCING VENDOR PARTNERSHIPS

The vision for a healthy and productive workforce requires that integrative health strategies become part of the culture. This concept was not new to the employers, since VBCH routinely invited Dr. Dee Edington to present the business case for transforming vendors to external partners. VHSP also provided support on this topic and encouraged members to view the educational DVD developed by Integrated Benefits Institute, “Winning Together: Turning Vendors into Partners for Workforce Health and Productivity®,” featuring experts Thomas Parry, Ph.D. and Chris McSwain.

Two employers located in Chesapeake Virginia worked with their health plan to identify gaps in care for diabetic employees. With the assistance of VBCH,

“Challenged to achieve optimum value for every dollar spent on health care, Virginia Health Strategy Project employers were open to address population and organizational strategies that addressed the ever growing rates of obesity, diabetes, and cardiovascular disease.”

Eileen Ciccotelli, MPM
Vice President
Virginia Business Coalition on Health



Independent by choice. Innovative by design.

COMPANY OVERVIEW

- Type of Industry: Healthcare organization
- Number of employees: 2,229
- Self-Insured/Self-Funded Plan
- Primary Goals: Make health a core business strategy and improve the health status of employees and dependents with diabetes, or those at risk for one or more cardio-metabolic risk factors.

KEY PROGRAMS

- Developed On-Site Clinic for employees to accurately identify and improve risk status for High Blood Pressure/CVD pre-metabolic syndrome.
- For employees with targeted conditions, implemented a comprehensive benefit design to promote the use of the *Lifestyle Center*.

- Invited external partners into health management team and worked with all vendors/providers to integrate data and meet outcomes.

HIGHLIGHTS

- Improve data management: optimize system to track, trend and communicate the flow of risk transitions using Amazing Charts and PeopleSoft.
- Adopt vaccination policy for all staff including mandatory T-dap and flu vaccinations.
- Compare P3 to non-P3 participants when analyzing financial and clinical data to establish solid ROI of the P3 Diabetes Coaching Model (Asheville).

- Develop community partnerships. CRMC has a tremendous opportunity to improve patient care at the physician practice level. Continued work towards developing a policy and collaborating with other employers and the physicians serving their populations, first with hospital-acquired physician practices, and then with independent practices.

SHARON BEENE

*Director of Benefits,
Compensation & HRIS*



As a regional medical center, we strive to lead our community to promote healthy lifestyles, and that includes our workforce. Our affiliate Lifestyle Center has been

in operation for years, however, the time was right for an employee on-site clinic, the CRMC Wellness & Health Center as part of the HEALTHY ME Wellness Program. Our project focus was several medical conditions, including high blood pressure, high cholesterol, diabetes, and obesity. After 9 months of data tracking, we experienced a 3.4% reduction in uncontrolled blood pressure and a reduction of 5.1% in LDL >130. In comparison, our diabetes management program (P3 through the University of Maryland; 2008-2011) experienced a 54 % reduction in uncontrolled blood pressure, and 46% of participants reached the lower target of HbA1c.

both employers initiated an innovative, value-based benefit and disease management program for employees and dependents with diabetes. Developed by the University of Maryland School of Pharmacy, the “P3 Program” led to a positive ROI for their enrollees with actual savings of \$2,136 and \$2,528 per participant, respectively. Moreover, these numbers exceeded estimated savings of \$980 for Chesapeake Public Schools and \$1,220 for Chesapeake Regional Medical Center.

VHSP early-adopters found data integration to be another challenge. The data mapping exercise revealed that VHSP employers had complex data flow processes. Medical and pharmacy data were integrated for certain specialized disease management programs, however, disability, HRA and screening data were not. Gaps for reporting absence, productivity and presenteeism data were noted. As a result, it was difficult to understand common, underlying reasons—the “why”—for these costs and utilization, and opportunities to improve

this situation. As a result of the process, it became clear that the health management team can benefit by inviting others to form an integrated, multi-disciplinary team in addition to routine efforts to gather insights from internal and external partners.

In summary, over the course of the 30-month VHSP period, more employers began to take control of their data. The Commonwealth of Virginia has also passed legislation to enable the development of an All Payer Claims Database, and VBCH has provided contract language for employers to optimize their request for data availability and interoperability.

In conclusion, the Virginia Business Coalition on Health convened and assisted VHSP employers in specifying their business and population health objectives, which enabled them to enhance their health strategies.

As described in the introductory section, employers were encouraged to establish population and/or business health strategies that were aligned with their organizational goals in addition to being: **employer specific, measurable, and evidence-based**. The wide variation of participant interventions and targeted conditions make overall project evaluation challenging. However, the coalitions and project teams have provided a high level summary of business or health improvements in each chapter.

The chapters reflect strong support from the participating employers for the American Health Strategies Project process and key principle statement: “Employers with strong health management teams and access to actionable data will foster healthier, more productive employees and may achieve higher value for their health care spend.” The following section summarizes feedback on the process, tools, and results.

AMERICAN HEALTH STRATEGIES PROJECT PROCESS

Participants identified collaboration and peer sharing as beneficial aspects of the AHSP process. Several coalitions conducted evaluations of the process, tools, and resources. Areas that garnered particularly positive responses included the data mapping, gap identification, and the initial baseline assessment process, which provides the foundation for the intervention and evaluation phases.

Challenges were noted by most of the early adopters in relation to project duration, turnover in organizational leadership, and/or economic challenges with resourcing. Some organizations had to limit their engagement with the project, scaled back planned interventions, failed to implement them at all, or discontinued participation.

BUSINESS HEALTH GOALS AND STRATEGIES

All early adopter coalitions focused on enhancing the business environments of their participants to support a culture of health through engaging internal and external partnerships and team interactions. The target was improved understanding and use of data for decision making, planning and evaluation, in conjunction with fostering corporate environments that encourage healthy behaviors.

Many focused on improving corporate cultures by strengthening the internal health management teams

through enhanced leadership support. This occurred at many levels, although most employers focused on senior leadership. However, some participants successfully engaged middle management in an effort to understand the impact of health on their workforce and garner support.

Another prevailing theme entailed viewing vendors as partners, although the coalitions took different approaches to integrating vendors into their processes. Many encouraged the employer participants to invite their key partners to action meetings and other engagements, while the Pittsburgh coalition held a more formal, and well-received vendor summit.

Data was a key focus of the original KC² project and the coalition experiences described in this document reflect a continued interest in this theme among early adopter participating employers. Access to actionable information, in addition to ensuring that data were easily understandable and reflective of the population, were essential initiatives for many employers. Many engaged vendors in order to clarify definitions and to help identify reliable and meaningful metrics to utilize in value assessments. The employers also used data to drive their intervention decisions. Many affirmed that they would sustain the processes they developed through the skills they learned by utilizing new AHSP tools or existing resources within their organizations.

POPULATION HEALTH GOALS AND STRATEGIES

The focus on Cardiometabolic Risk Factors in these four markets also evoked similarities to the KC² model. Nevertheless, the participants identified several additional areas of focus (e.g. musculoskeletal disease). Interventions were intended to be employer-specific and could include initiatives across the health care continuum. As in the KC² model, employers focused on:

- Health promotion: interventions that target the entire workforce, regardless of health status, and seek to prevent risk factor development.
- Primary prevention: initiatives targeted to those employees who have already developed at least one risk factor, but have not developed a chronic condition or experienced an acute event due to this risk.
- Secondary prevention: activities that address the needs of the subset of employees with established conditions.

Although specific improvements cannot be correlated directly to project involvement, many employers reported improvements based on their overall programming. Some of these may be related to enhancements in communications or engagement strategies, examples of which included incentive design changes and initiation of value-based benefits. Many of the participants' efforts were supported or enhanced by peer learning environments. Risk reduction and improvements in participation rates were noted in the majority of the coalition chapters.

■ Risk Reduction:

- Participants noted improvements in risk status distribution, or the numbers of individuals moved to lower risk categories throughout the lifetime of the project. Employers who implemented health risk assessments were encouraged to utilize this metric as a general indicator of overall population health. It is important to note, however, that participation rates must be high for this to be a valid indicator.
- Employers who chose interventions targeted toward screening or annual exams also saw improvements in the use of preventive services. Incentives and initiatives to improve access to services were utilized by those employers.
- Additionally, improvements were seen in key clinical metrics (blood pressure, weight, cholesterol, smoking rates, etc.) based on individual programs that targeted these specific risks. Different approaches to managing these clinical areas were initiated, and in most cases, these met with success.

■ Participation Rates:

- Improvements were seen in participation in Risk Assessments and Screening. The magnitude of these changes was varied and a few of the specific interventions that were targeted are included in the employer examples.

- Much of the risk reduction involved improved participation and engagement in employer-sponsored programs that targeted employer-specific risk targets. Communication, incentives, and various engagement strategies were utilized to enhance sustained participation.

- Many employers enhanced access to services through changes in benefit designs, which included traditional insurance benefit designs and innovative outcomes-oriented initiatives.

Overall, participating employers and early adopter coalitions found the American Health Strategies Project processes and tools valuable in enhancing their strategic approaches to health. The sustainable change cycle provides a foundation upon which to continually enhance health promotion and benefits based on data and value assessment.

Acknowledgements

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ABOUT THE NATIONAL BUSINESS COALITION ON HEALTH

The National Business Coalition on Health (NBCH) is a national, nonprofit, membership organization of more than 50 business and health coalitions, representing over 7,000 employers and 34 million employees and their dependents across the United States. NBCH and its members are dedicated to value-based purchasing of health care services through the collective action of public and private purchasers. www.nbch.org



ABOUT PFIZER

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