



## Population Health

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President  
February 2014

Texas Health Population Health, Education and Innovation



# THR Summit Strategy (2014 – 2016)

## 1. Culture

**Extend our culture across the care continuum and into the community**

- A. Amplify and diversify workforce expertise for improving health and well-being across the continuum, founded on Promise behaviors
  - Highly skilled Physician and Administrative leaders
  - A learning culture that can solve problems and innovate
  - Increased focus on outcomes and delivery
- B. Enhance ties to the faithful and their communities
- C. Maximize our community benefit and resources by aligning to our core values, strategic objectives, and identified community health needs

## 2. Value and Quality

**Innovate and expand our care delivery to deliver compelling value (quality, cost, and service)**

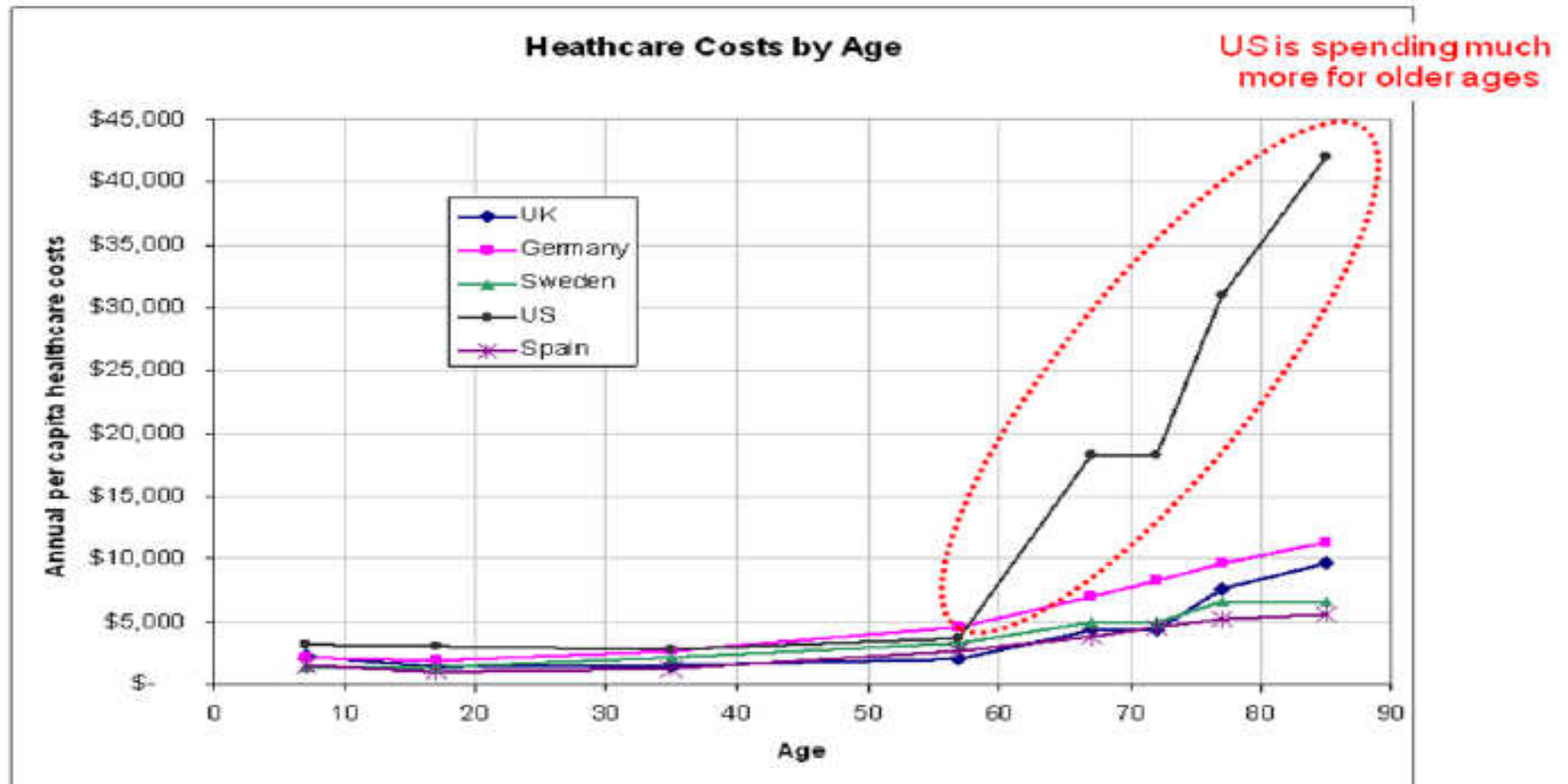
- A. Engage with clinicians in designing and deploying innovative care models that measurably improve quality of care, health and well-being
  - Reliable, transparent, and standards-based quality, cost, and service outcomes
- B. Grow lives under management by deliberately launching high-performance products through selected channels and partners
  - High quality, low performance variability, attractive cost position
- C. Build a clinician network of size, scale, and capability to manage all lives for which we are accountable
- D. Expand and integrate our products, services, and brand across the continuum
- E. Institute a clear research, innovation, and medical education agenda, together with key partners

## 3. Financial sustainability

**Generate the financial capacity to fund our transformation**

- A. Deliver care at a cost competitive to national benchmarks
- B. Reduce unnecessary expenses related to variability, waste, and complexity
- C. Deploy capital resources to maximize cash return on investment and to maximize our ability to perform our mission; focus on share growth and improved margins
- D. Drive share growth and improved margins through decisive market moves (inpatient, outpatient, managed lives)

# What's Wrong With This Picture?



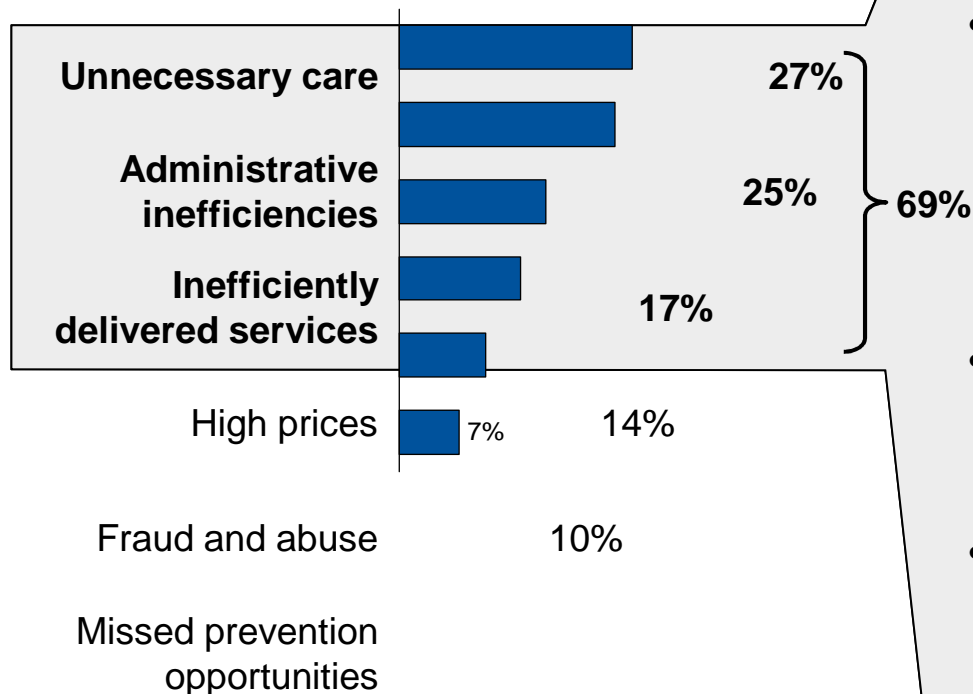
Source: Fischbeck, Paul. "US-Europe Comparisons of Health Risk for Specific Gender-Age Groups."

Carnegie Mellon University; September, 2009.

# Unnecessary expenses related to variability, waste, and complexity



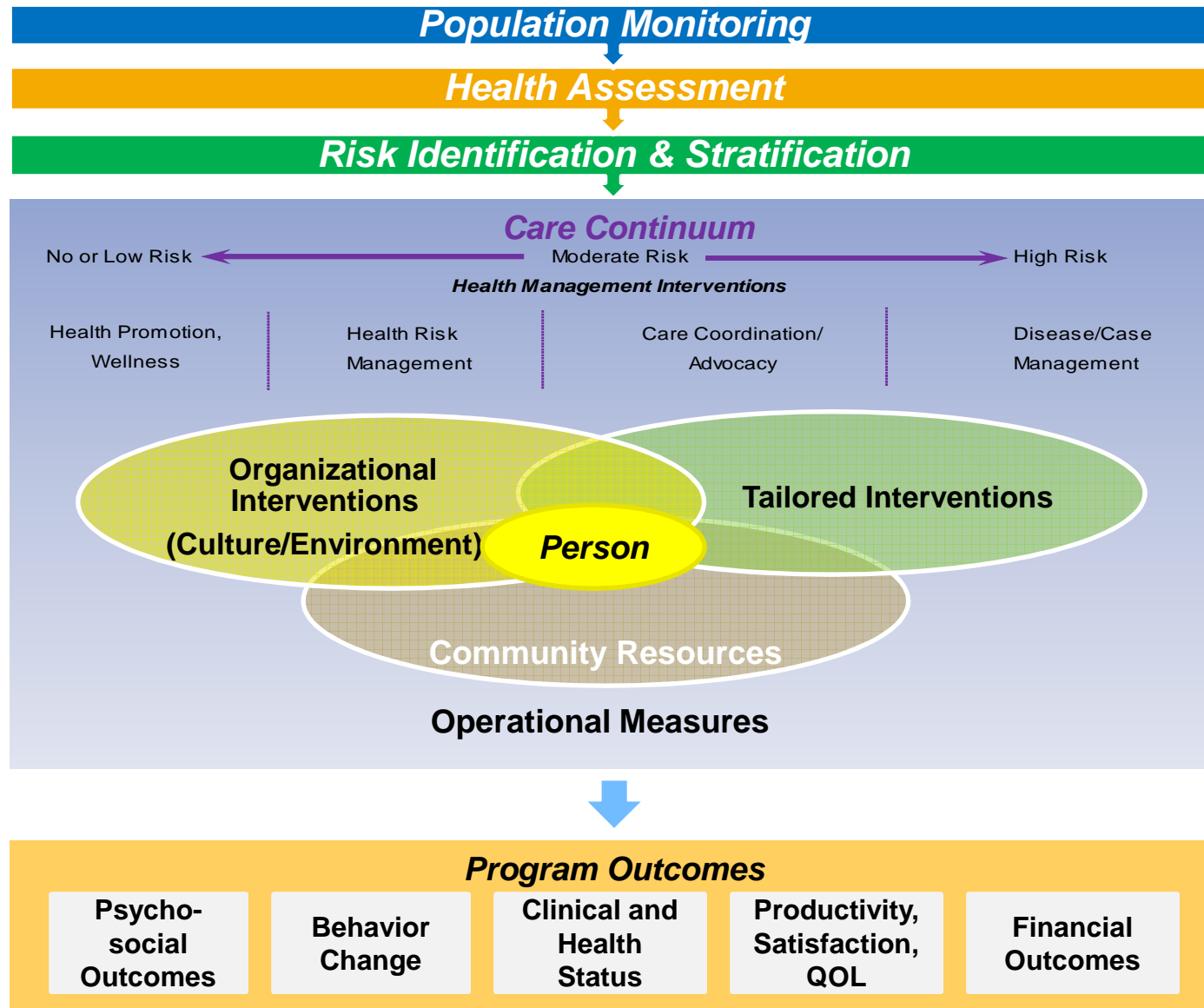
Unintentional costs by area of opportunity  
(%, based on national data)



**We will use performance improvement to influence ~70% of unintentional costs**

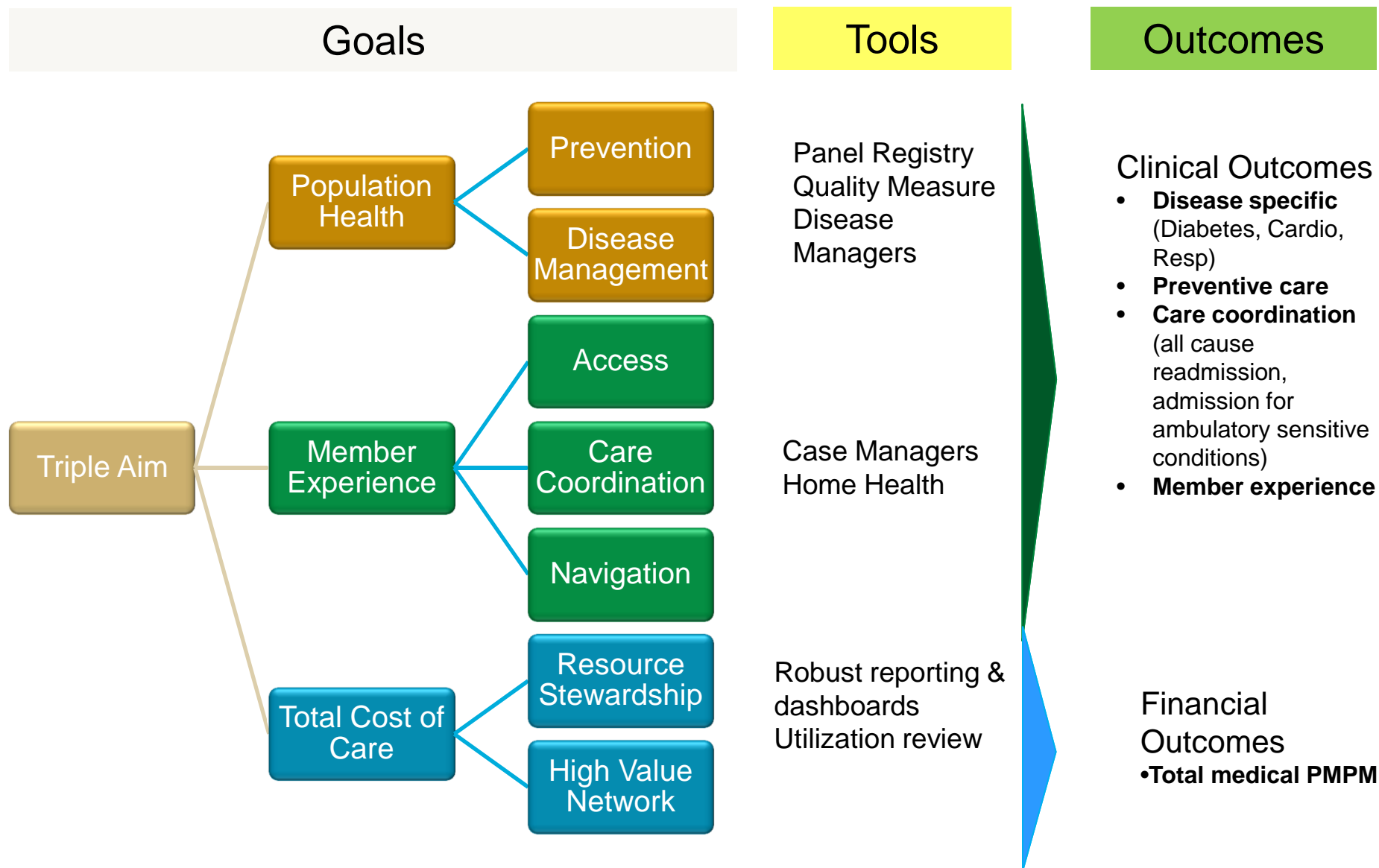
- **Unnecessary care, e.g.,**
  - Imaging tests performed to protect against malpractice exposure
  - High-cost diagnostic procedure used for patients with low risk
- **Administrative inefficiencies, e.g.,**
  - Billing and administration
  - “Top-of-license” practices
- **Inefficiently delivered services, e.g.,**
  - Inefficient use of staff, facilities, equipment
  - Complexity in staffing

# Population Health Management Framework





# Triple Aim



# Business Model



Expense reduction

Decrease unit cost



Decrease utilization

Delivery Efficiency  
(service/care)

- All care team members practicing at the top of their license
- Streamlined work flow
- Process automation
- Decrease care process variation

Appropriate  
Utilization  
(level/type)

- Population health risk management strategies
- Care coordination and navigation
- Decrease variation in diagnosis and treatment

Revenue

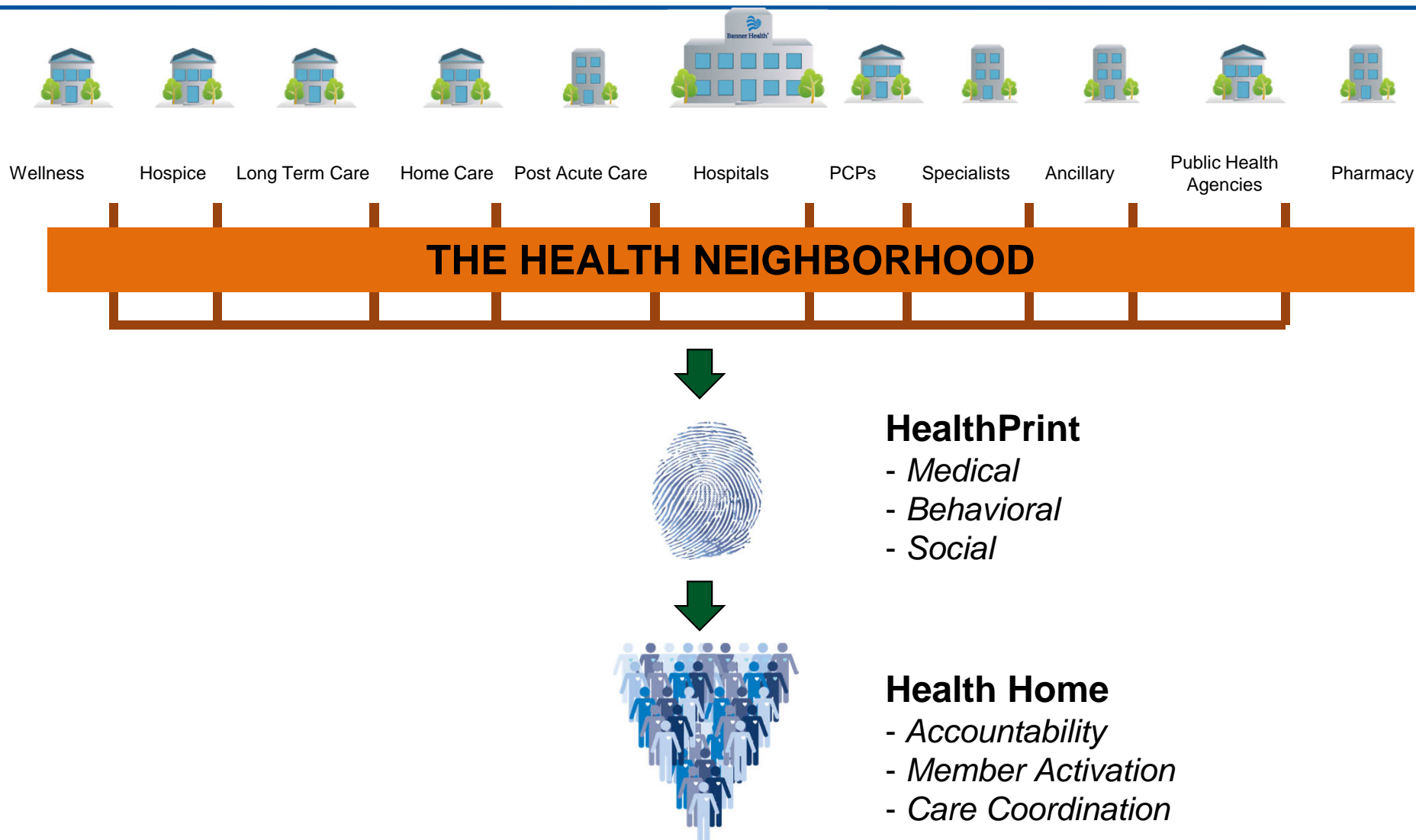
Growth

Revenue

- Total population risk and global budget arrangements
- Bundle services and payment for episodes of care or chronic health conditions

**... while increasing quality and member experience**

# Organized Health System





# Health Home – Team Based Care



## CURRENT MODEL

Physician Centric

### **Sickness Model**

Reach ~ 35 patients/day

#### Types of interactions

- ✓PCP 1:1 clinic visits
- ✓Reactive
  - Phone Follow-Up
  - eMail Follow-Up

Population Health Management



## FUTURE MODEL

Member Centric

### **Wellness model**

Reach ~ 100 members/day

#### Types of interactions

- ✓PCP 1:1 clinic visits
- ✓Reactive
  - Phone Follow-Up
  - eMail Follow-Up
- ✓PCP group visits
- ✓Clinic team member 1:1 visits
- ✓Clinic team member group visits
- ✓Proactive Chart Reviews
- ✓Proactive outreach
  - Snail Mail
  - eMail
  - Phone
  - Text
  - Other

While the concept of bundled payments has been around for years, THR's vision for bundles is broader than traditional models

### THR's Vision for Bundles

#### Across Care Continuum

THR bundles would span the care continuum; this includes preadmission, inpatient / outpatient care, and post-acute care

#### Physician Partners

Bundles will enable THR to align incentives and build lasting partnerships with its physicians

#### Single Care Model

There will be only one way that care is delivered for any procedure that is bundled, regardless of the payment model

#### Prospective Price

Providers share a single lump-sum payment that is made at the time service is provided

#### Risk-Adjusted & Warranted

Prices vary based on pre-determined risk factors such as age, BMI, number of chronic conditions warranted over a certain time

#### Engaged Consumers

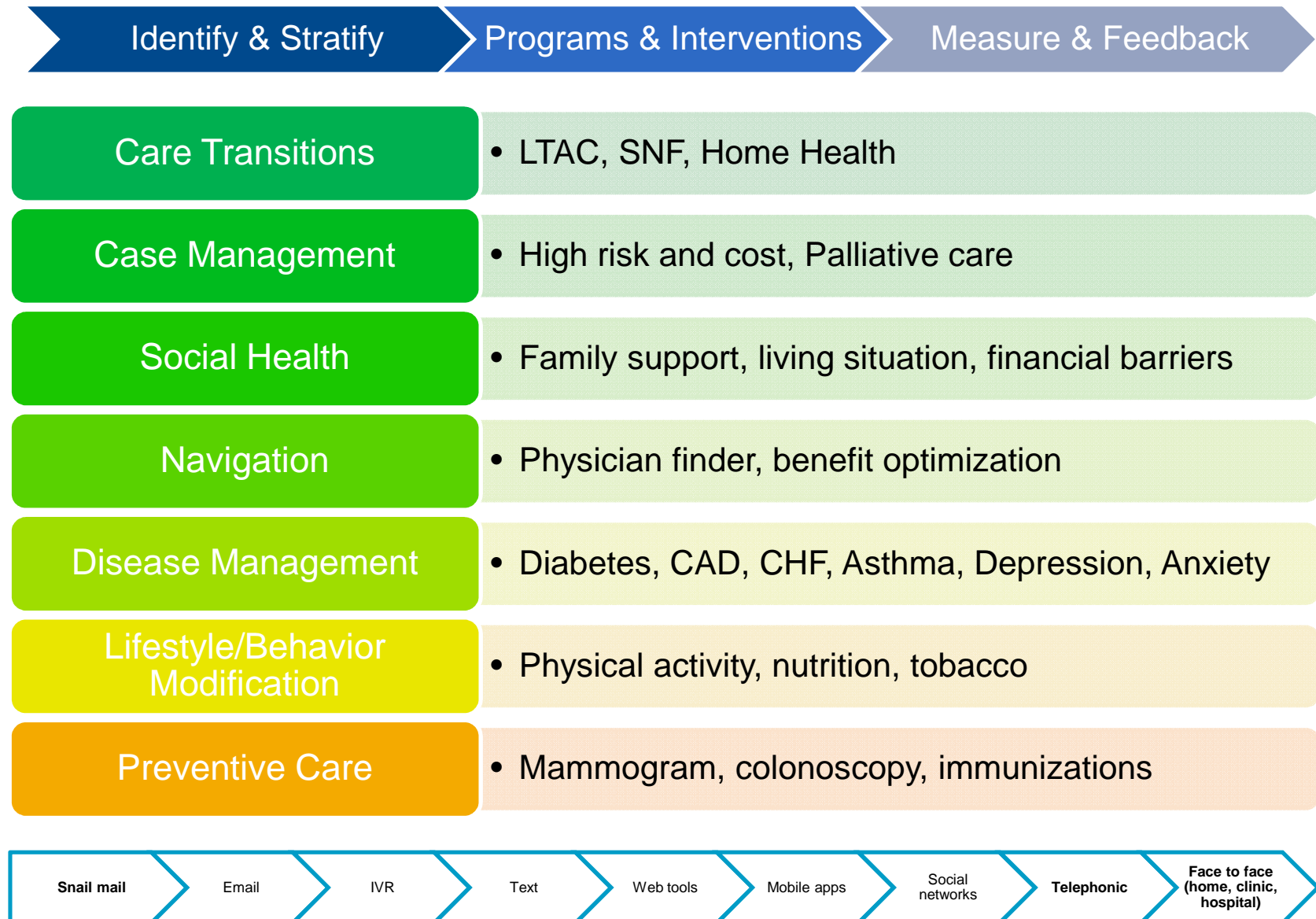
Bundles will be marketed to consumers offering a more coordinated care experience

#### Scalable & Administratively Seamless

Goal to bundle a significant % of IP procedures and nearly all OP procedures with automatic admin.

See a for details visit bu

# Member Wellbeing Programs



# The Need for “Wellness 2.0”

Brad Kirkpatrick, VP/Employer & Government Market  
February 4, 2014

# Healthways Overview



- Founded in 1981
- Revenue of \$750MM

Publicly Traded HWAY (NASDAQ)

Locations: 8 Well-Being Improvement Centers  
4 International Facilities

Clients: 85 Health Plans  
> 1,000 Employers  
> 50 Hospitals

## Scale:

- Over 40MM Covered Lives Actively Managed
- One of the Largest Nurse Care Coordination Staffs in the US
- One of the Largest Health Coaching Staffs in the US
- \$800 MM Investment in Technology Solutions

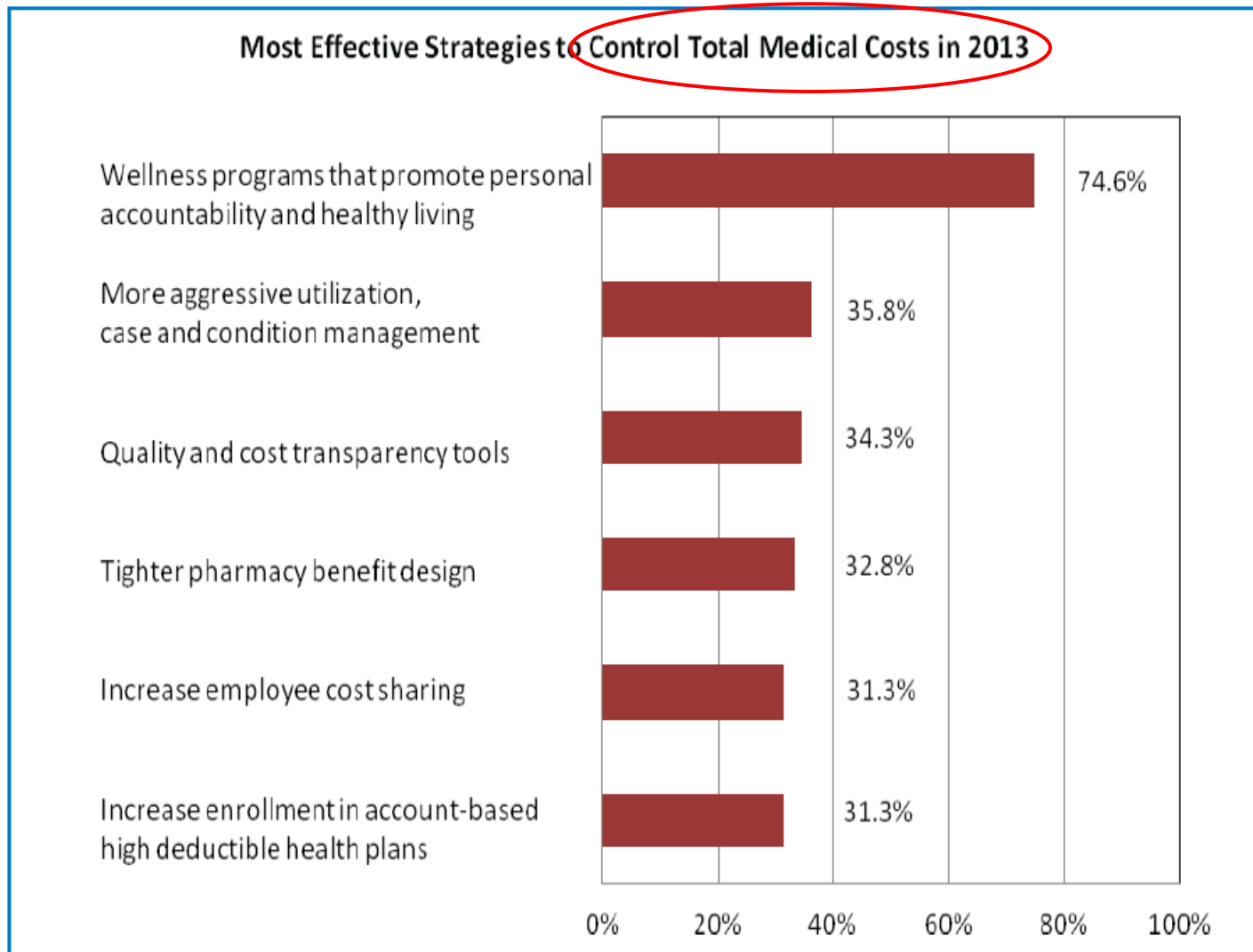
# National Wellness Adoption

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- Today, **nearly 90%** of employers offer wellness incentives or financial rewards or prizes to employees who work toward getting healthier.
- That's **up from 57%** of companies in 2009.
- The perks are also worth more now: **\$521** per employee on average, compared to **\$260** four years ago.

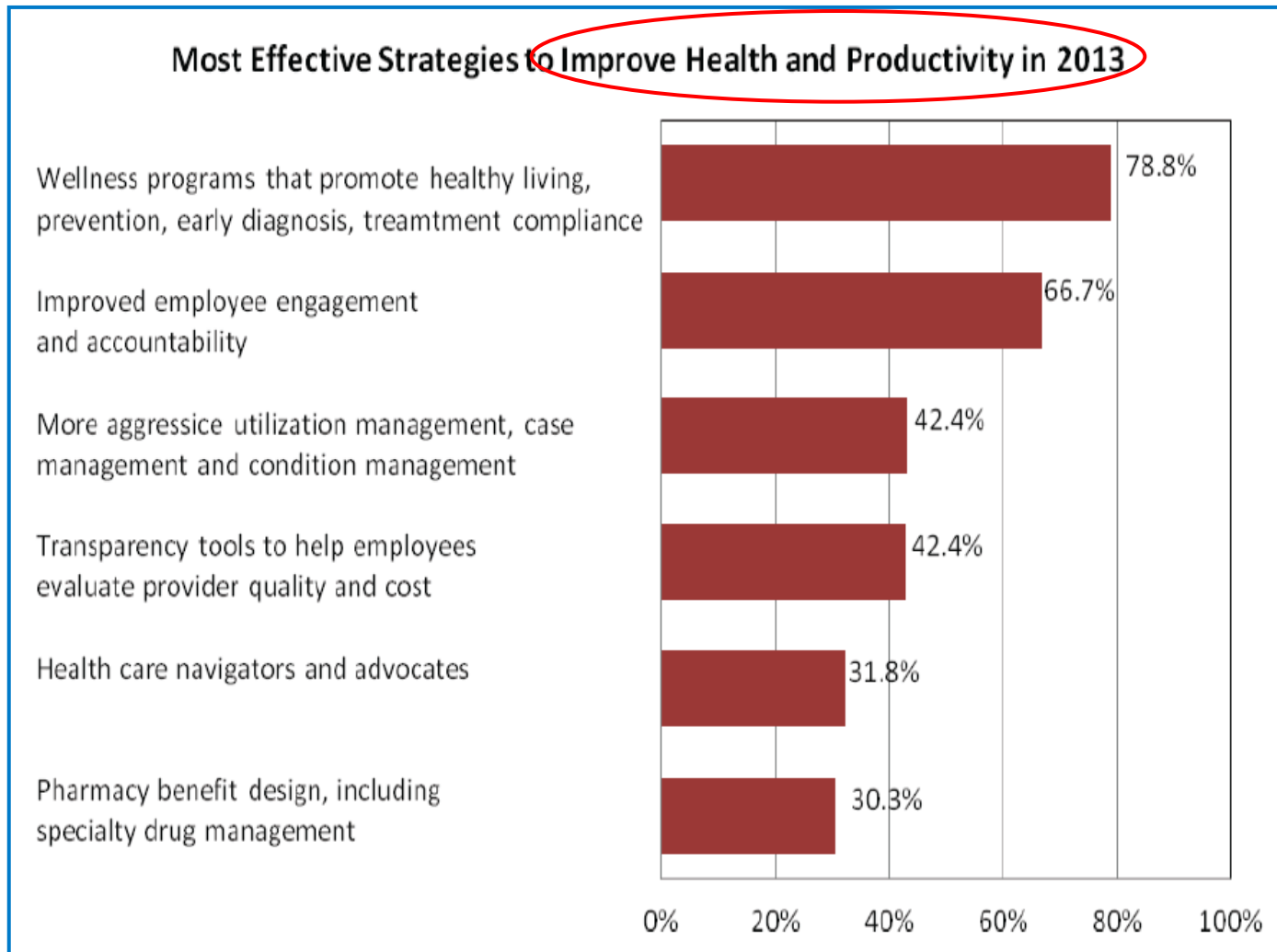
Source: Survey by Fidelity Investments and National Business Group on Health

# Texas Wellness Adoption



Source: TBGH Texas Employers Benchmarking Survey: Health Benefits and Wellness 2012-13

# Texas Wellness Adoption



Source: TBGH Texas Employers Benchmarking Survey: Health Benefits and Wellness 2012-13



# Is the “Wellness 1.0” Approach Working?

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- There are mixed results across a number of factors
- Intuitively it makes sense, but there's room for improvement on the outcomes/reporting side
- **19%** of US adults are smokers (CDC Fact Sheet, 2011)
- **35.9%** of US adults 20 or older are obese, and **69.2%** are overweight or obese

# The Cost of Obesity

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- “Obese men rack up an additional **\$1,152** a year in medical spending, especially for hospitalizations and prescription drugs”
- “Obese women account for an extra **\$3,613** a year”

Source: Journal of Health Economics, January 2013; Lehigh University (Cawley and Meyerhoefer)

# The Cost of Smoking

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A study by the Ohio State University:  
*“Financial Burden on Companies that Employ Smokers”*

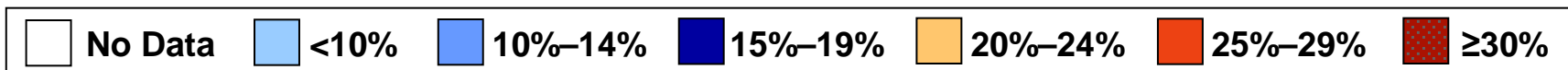
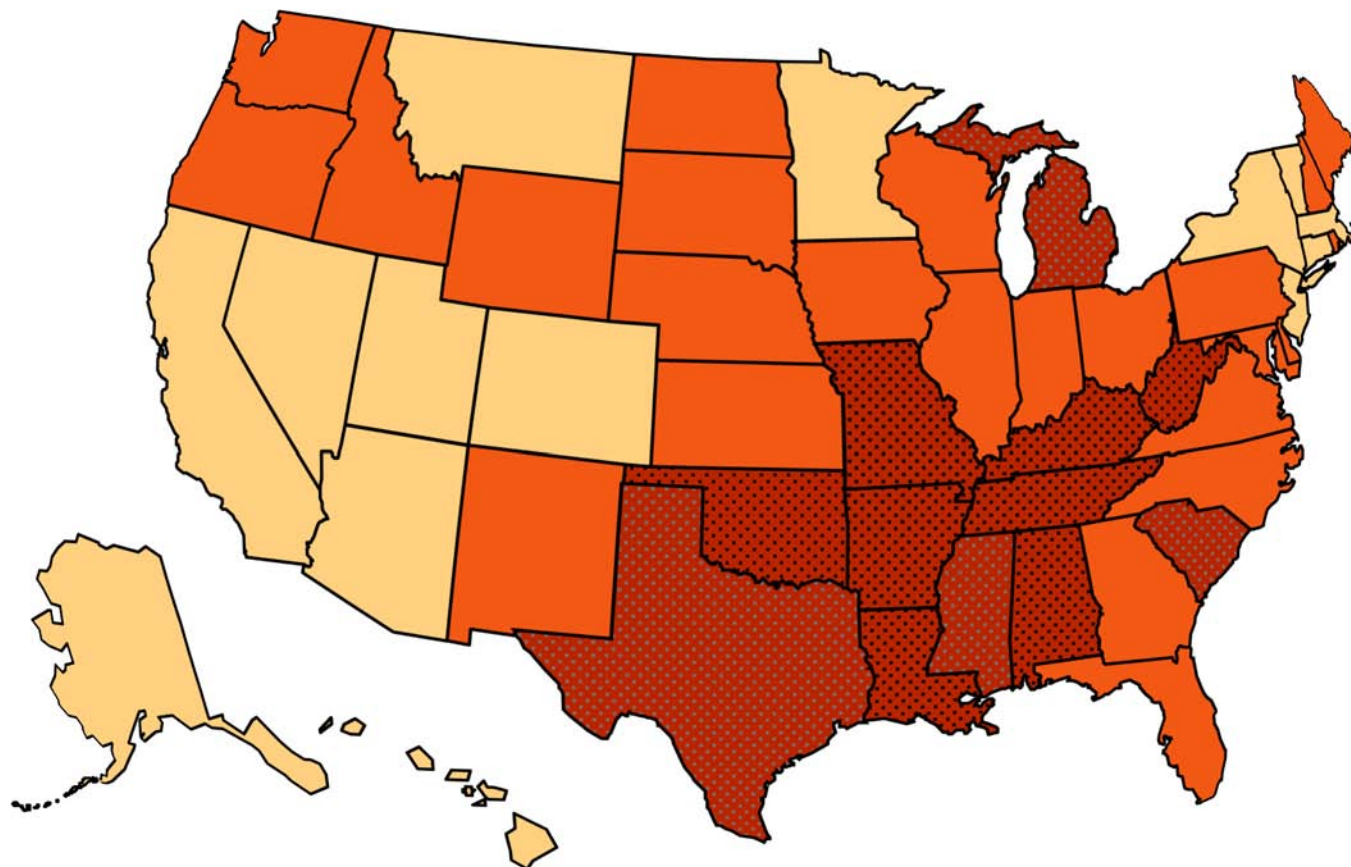
Here’s how the study breaks down the annual costs to business:

- Absenteeism: **\$517**
- “Presenteeism” or reduced productivity related to nicotine addiction: **\$462**
- Smoke breaks: **\$3,077**
- Health care costs: **\$2,056**

Source: The Ohio State University, [Research and Innovation Communications](#); June 3, 2013; by Micah Berman

# Obesity\* Trends Among US Adults *2010*

(\*BMI  $\geq 30$  or ~ 30 lbs. overweight for 5' 4" person)



# Obesity and Overweight Rates in Adults

(Higher ranking is better!)									
	Obesity		Overweight & Obese	Diabetes		Physical Inactivity		Hypertension	
States	2011 Percentage (95% Conf Interval)	Ranking	2011 Percentage (95% Conf Interval)	2011 Percentage (95% Conf Interval)	Ranking	2011 Percentage (95% Conf Interval)	Ranking	2011 Percentage (95% Conf Interval)	Ranking
Alabama	32.0% (+/- 1.5)	4	66.8% (+/- 1.6)	11.8% (+/- 0.9)	4	32.6% (+/- 1.6)	5	40.0% (+/- 1.6)	1
Alaska	27.4% (+/- 2.2)	28	66.5% (+/- 2.4)	7.9% (+/- 1.4)	46	22.0% (+/- 2.0)	41	29.4% (+/- 2.1)	37
Arizona	24.7% (+/- 2.1)	40	62.5% (+/- 2.4)	9.5% (+/- 1.3)	25	24.2% (+/- 2.2)	34	28.0% (+/- 2.0)	47
Arkansas	30.9% (+/- 2.2)	7	65.0% (+/- 2.3)	11.2% (+/- 1.2)	6	30.9% (+/- 2.1)	7	35.7% (+/- 2.1)	8
California	23.8% (+/- 0.9)	46	60.2% (+/- 1.1)	8.9% (+/- 0.6)	34	19.1% (+/- 0.9)	49	27.8% (+/- 0.9)	48
Colorado	20.7% (+/- 1.1)	51	56.1% (+/- 1.3)	6.7% (+/- 0.6)	50	16.5% (+/- 1.0)	51	24.9% (+/- 1.0)	50
Connecticut	24.5% (+/- 1.5)	42	59.6% (+/- 1.8)	9.3% (+/- 0.9)	31	25.3% (+/- 1.6)	28	29.7% (+/- 1.5)	36
Delaware	28.8% (+/- 1.9)	19	63.9% (+/- 2.2)	9.7% (+/- 1.1)	22	27.0% (+/- 1.9)	13	34.6% (+/- 1.9)	10
D.C.	23.7% (+/- 1.9)	47	52.8% (+/- 2.4)	9.1% (+/- 1.1)	33	19.8% (+/- 1.8)	47	29.9% (+/- 2.0)	33
Florida	26.6% (+/- 1.3)	32	62.4% (+/- 1.4)	10.4% (+/- 0.8)	11	26.8% (+/- 1.3)	16	34.3% (+/- 1.3)	12
Georgia	28.2% (+/- 1.4)	17	64.3% (+/- 1.4)	9.5% (+/- 0.7)	25	26.3% (+/- 1.2)	22	31.4% (+/- 1.2)	20
Idaho	25.1% (+/- 1.6)	39	62.5% (+/- 1.8)	8.4% (+/- 0.8)	38	26.2% (+/- 1.5)	24	33.0% (+/- 1.5)	14
Illinois	30.8% (+/- 1.3)	8	65.9% (+/- 1.4)	12.0% (+/- 0.8)	3	27.2% (+/- 1.3)	11	36.4% (+/- 1.3)	7
Indiana	28.1% (+/- 1.9)	23	64.5% (+/- 2.2)	9.5% (+/- 1.1)	25	26.9% (+/- 2.0)	16	30.9% (+/- 1.9)	25
Iowa	29.2% (+/- 2.5)	15	66.5% (+/- 2.8)	11.2% (+/- 1.5)	6	35.2% (+/- 2.7)	2	38.6% (+/- 2.6)	3
Kansas	30.4% (+/- 1.4)	10	65.9% (+/- 1.5)	10.2% (+/- 0.8)	15	27.2% (+/- 1.3)	11	31.3% (+/- 1.3)	21
Kentucky	24.4% (+/- 1.1)	45	58.9% (+/- 1.3)	6.7% (+/- 0.5)	50	18.9% (+/- 1.0)	50	22.9% (+/- 0.9)	51
Louisiana	25.4% (+/- 1.4)	37	59.8% (+/- 1.6)	7.7% (+/- 0.7)	48	21.0% (+/- 1.3)	46	29.3% (+/- 1.4)	39
Maine	29.2% (+/- 1.7)	15	63.4% (+/- 1.9)	10.4% (+/- 1.1)	11	25.0% (+/- 1.0)	32	31.2% (+/- 1.6)	23
Maryland	26.5% (+/- 1.2)	33	61.0% (+/- 1.4)	8.9% (+/- 0.7)	34	21.9% (+/- 1.2)	42	30.1% (+/- 1.2)	31
Massachusetts	32.4% (+/- 1.6)	3	69.0% (+/- 1.7)	12.1% (+/- 1.0)	2	35.1% (+/- 1.6)	3	37.1% (+/- 1.6)	6
Michigan	27.7% (+/- 2.0)	27	64.1% (+/- 2.2)	8.4% (+/- 1.0)	38	22.6% (+/- 1.8)	39	28.9% (+/- 1.8)	41
Minnesota	25.0% (+/- 1.6)	39	61.2% (+/- 1.8)	8.2% (+/- 1.0)	43	25.3% (+/- 1.6)	28	28.7% (+/- 1.6)	43
Mississippi	32.0% (+/- 1.5)	4	66.8% (+/- 1.6)	11.8% (+/- 0.9)	4	32.6% (+/- 1.6)	5	40.0% (+/- 1.6)	1
Missouri	27.4% (+/- 2.2)	28	66.5% (+/- 2.4)	7.9% (+/- 1.4)	46	22.0% (+/- 2.0)	41	29.4% (+/- 2.1)	37
Montana	24.7% (+/- 2.1)	40	62.5% (+/- 2.4)	9.5% (+/- 1.3)	25	24.2% (+/- 2.2)	34	28.0% (+/- 2.0)	47
Nebraska	30.9% (+/- 2.2)	7	65.0% (+/- 2.3)	11.2% (+/- 1.2)	6	30.9% (+/- 2.1)	7	35.7% (+/- 2.1)	8
Nevada	23.8% (+/- 0.9)	46	60.2% (+/- 1.1)	8.9% (+/- 0.6)	34	19.1% (+/- 0.9)	49	27.8% (+/- 0.9)	48
New Hampshire	20.7% (+/- 1.1)	51	56.1% (+/- 1.3)	6.7% (+/- 0.6)	50	16.5% (+/- 1.0)	51	24.9% (+/- 1.0)	50
New Jersey	24.5% (+/- 1.5)	42	59.6% (+/- 1.8)	9.3% (+/- 0.9)	31	25.3% (+/- 1.6)	28	29.7% (+/- 1.5)	36
New Mexico	28.8% (+/- 1.9)	19	63.9% (+/- 2.2)	9.7% (+/- 1.1)	22	27.0% (+/- 1.9)	13	34.6% (+/- 1.9)	10
New York	23.7% (+/- 1.9)	47	52.8% (+/- 2.4)	9.1% (+/- 1.1)	33	19.8% (+/- 1.8)	47	29.9% (+/- 2.0)	33
North Carolina	26.6% (+/- 1.3)	32	62.4% (+/- 1.4)	10.4% (+/- 0.8)	11	26.8% (+/- 1.3)	16	34.3% (+/- 1.3)	12
North Dakota	28.2% (+/- 1.4)	17	64.3% (+/- 1.4)	9.5% (+/- 0.7)	25	26.3% (+/- 1.2)	22	31.4% (+/- 1.2)	20
Ohio	25.4% (+/- 1.6)	37	62.5% (+/- 1.8)	8.4% (+/- 0.8)	38	26.2% (+/- 1.5)	24	33.0% (+/- 1.5)	14
Oklahoma	30.8% (+/- 1.3)	8	65.9% (+/- 1.4)	12.0% (+/- 0.8)	3	27.2% (+/- 1.3)	11	36.4% (+/- 1.3)	7
Oregon	28.1% (+/- 1.9)	23	64.5% (+/- 2.2)	9.5% (+/- 1.1)	25	26.9% (+/- 2.0)	16	30.9% (+/- 1.9)	25
Pennsylvania	29.2% (+/- 2.5)	15	66.5% (+/- 2.8)	11.2% (+/- 1.5)	6	35.2% (+/- 2.7)	2	38.6% (+/- 2.6)	3
Rhode Island	30.4% (+/- 1.4)	10	65.9% (+/- 1.5)	10.2% (+/- 0.8)	15	27.2% (+/- 1.3)	11	31.3% (+/- 1.3)	21
South Carolina	24.4% (+/- 1.1)	45	58.9% (+/- 1.3)	6.7% (+/- 0.5)	50	18.9% (+/- 1.0)	50	22.9% (+/- 0.9)	51
South Dakota	25.4% (+/- 1.4)	37	59.8% (+/- 1.6)	7.7% (+/- 0.7)	48	21.0% (+/- 1.3)	46	29.3% (+/- 1.4)	39
Tennessee	29.2% (+/- 1.7)	15	63.4% (+/- 1.9)	10.4% (+/- 1.1)	11	25.0% (+/- 1.0)	32	31.2% (+/- 1.6)	23
Texas	26.5% (+/- 1.2)	33	61.0% (+/- 1.4)	8.9% (+/- 0.7)	34	21.9% (+/- 1.2)	42	30.1% (+/- 1.2)	31
Utah	32.4% (+/- 1.6)	3	69.0% (+/- 1.7)	12.1% (+/- 1.0)	2	35.1% (+/- 1.6)	3	37.1% (+/- 1.6)	6
Vermont	27.7% (+/- 2.0)	27	64.1% (+/- 2.2)	8.4% (+/- 1.0)	38	22.6% (+/- 1.8)	39	28.9% (+/- 1.8)	41
Virginia	25.0% (+/- 1.6)	39	61.2% (+/- 1.8)	8.2% (+/- 1.0)	43	25.3% (+/- 1.6)	28	28.7% (+/- 1.6)	43
Washington	32.0% (+/- 1.5)	4	66.8% (+/- 1.6)	11.8% (+/- 0.9)	4	32.6% (+/- 1.6)	5	40.0% (+/- 1.6)	1
West Virginia	27.4% (+/- 2.2)	28	66.5% (+/- 2.4)	7.9% (+/- 1.4)	46	22.0% (+/- 2.0)	41	29.4% (+/- 2.1)	37
Wisconsin	24.7% (+/- 2.1)	40	62.5% (+/- 2.4)	9.5% (+/- 1.3)	25	24.2% (+/- 2.2)	34	28.0% (+/- 2.0)	47
Wyoming	30.9% (+/- 2.2)	7	65.0% (+/- 2.3)	11.2% (+/- 1.2)	6	30.9% (+/- 2.1)	7	35.7% (+/- 2.1)	8

Source: Behavior Risk Factor Surveillance System (BRFSS), CDC.

# “Wellness 1.0” – Employer Feedback

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- Results that are credible at the C-Suite level are challenging to find
- It's too focused on telling people what they already know (i.e., you need to lose weight, exercise more, eat healthier, etc.)
- Generic approach is hurting engagement
- Physician involvement would generate better results since they are a trusted resource
- Incentives create activity but are falling short on ***sustained behavior change***

# Healthways and THR Approach

# Well-Being is Bigger than Physical Health



*Purpose* > Liking what you do each day and being motivated to achieve your goals

*Social* > Having supportive relationships and love in your life

*Financial* > Managing your economic life to reduce stress and increase security

*Community* > Liking where you live, feeling safe and having pride in your community

*Physical* > Having good health and enough energy to get things done daily



- **Comparative Well-Being data that can be presented at the state, congressional district and in some cases down to the zip code level**
- Joint Venture between Gallup and Healthways
- Design support and oversight from leading behavioral economists, psychologists, and experts in psychometric survey design and statistical analysis
- Thousands of “community” based calls made **every day** in order to add 500 completed surveys to the ever changing world of Well-Being
- Nearly 2,00,000 completed surveys – represents the world’s largest data set on Well-Being

*Hawaiians have highest well-being rating for 4th year*  
**USA Today 2/28/13**

*High Well-Being Could Make You More Altruistic*  
**Huffington Post 1/30/14**

*Mapping the Nation’s Well-Being*  
**New York Times 3/5/11**

*Uninsured Rate Drops as Obamacare Starts*  
**Bloomberg Personal Finance 1/23/14**

# Well-Being in Texas

	<i>(Lower number is better!)</i>				
<b>State Rankings</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Texas	22 <sup>nd</sup>	23 <sup>rd</sup>	27 <sup>th</sup>	27 <sup>th</sup>	27 <sup>th</sup>
Arkansas	47 <sup>th</sup>	48 <sup>th</sup>	47 <sup>th</sup>	44 <sup>th</sup>	46 <sup>th</sup>
Oklahoma	36 <sup>th</sup>	39 <sup>th</sup>	38 <sup>th</sup>	39 <sup>th</sup>	41 <sup>st</sup>
<b>MSA Rankings</b>				<b>2011</b>	<b>2012</b>
North Texas				64 <sup>th</sup>	61 <sup>st</sup>
Houston				68 <sup>th</sup>	74 <sup>th</sup>
Austin				36 <sup>th</sup>	34 <sup>th</sup>

Source: Gallup-Healthways Well-Being Index

# Why Well-Being ... Summary

## **Raised by 10%**



### **Performance goes up—**

- 5% Fewer unscheduled absences
- 24% Lower presenteeism
- 5% Higher reported job performance
- 6% More days of 'best work' in a 28-day period

## **Raised by 1 Point**



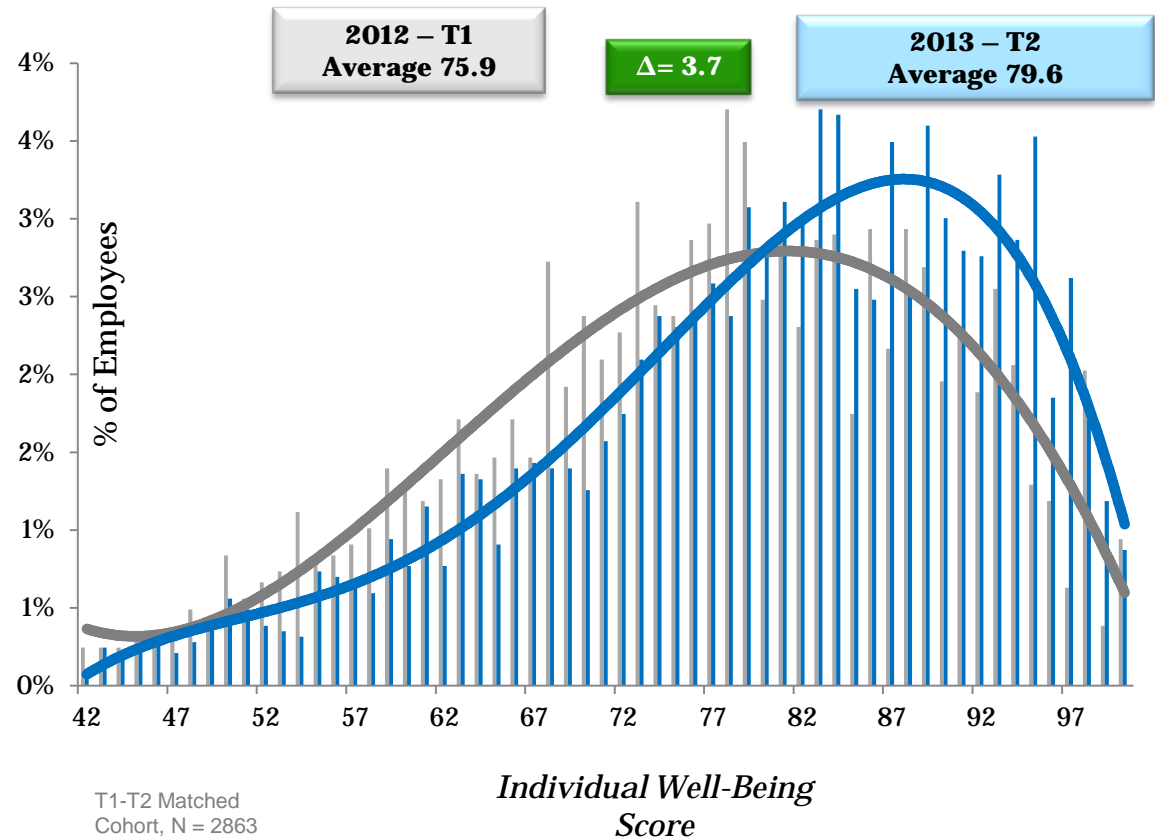
### **Cost goes down—**

- 2.2% Reduction in likelihood of hospital admission
- 1.7% Reduction in likelihood of emergency room visit
- 1% Reduction in likelihood of incurring healthcare costs

# Fortune 500 Employer Example

*....Well-Being Improved Significantly in Matched Respondents*

- Well-Being Assessment
- Well-Being Connect
- Preventive Screenings
- Health Risk Coaching
- Clinical Health Coaching



# Small Easy Steps

# Well-Being 5 – Assessment Tool

The collage illustrates the Well-Being 5 assessment tool across different platforms and outputs. The top banner lists the five elements of well-being: Life, Boost, Today, Elements, Five, Purpose, Financial, Physical, and Community. The central part shows the user interface on a desktop, including a welcome screen, a question about financial security, and a results screen for Adrian Garcia with a score of 71/100. The foreground features two smartphones displaying the app interface, showing the welcome screen and a progress screen for Step 5. The bottom row displays four printed reports: 'Your Gallup Healthways Well-Being Report', 'How's Your Financial Well-Being?', 'QUITNET', and 'Reasons to Quit'.

# Daily Challenge – Small Easy Steps

## Effectiveness of a Multimodal Online Well-Being Intervention A Randomized Controlled Trial

Nathan K Cobb, MD, Josée Poirier, PhD

**Background:** Well-being encompasses physical, psychological, and social aspects predicts healthcare utilization and expenditures. Despite their potential clinical implications that leverage social network effects to target well-being are uncommon.

**Purpose:** Using a pragmatic design, to evaluate the effectiveness of an online intervention as part of ongoing program development.

**Design:** Randomized, placebo-controlled, parallel-group trial with longitudinal outcomes at baseline, 30 days, and 90 days.

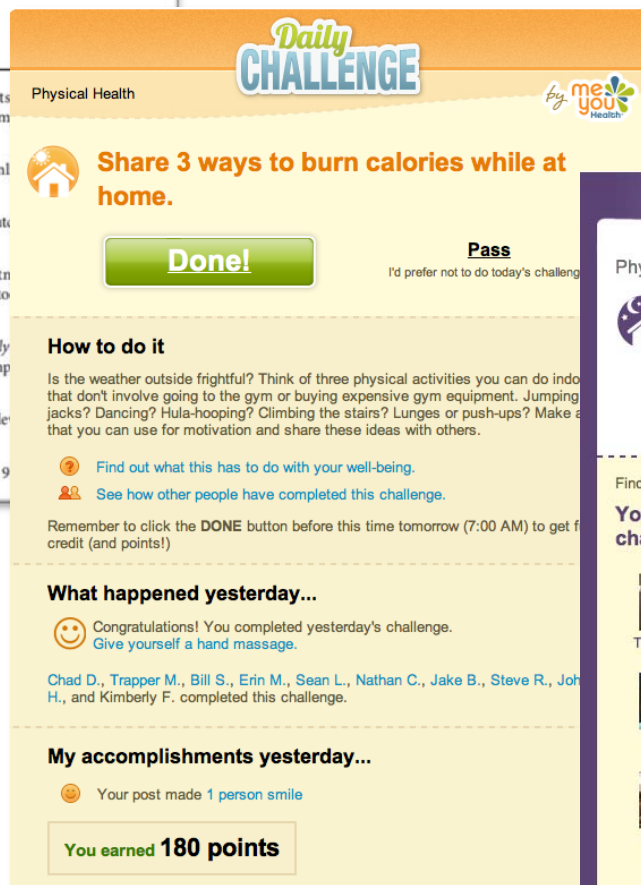
**Participants/setting:** A total of 1503 U.S.-based adults were enrolled. Recruitment verification, and baseline data collection were conducted entirely online; follow-up to or by phone. The study was conducted in 2012.

**Intervention:** A multimodal e-mail-, web-, and mobile-based intervention (*Daily* which participants receive daily suggestions of small health actions that they complete in their environment. A traditional weekly health newsletter served as control.

**Main outcome measure:** Overall well-being as measured by the Individual-Level Assessment and Scoring Method (scale: 0 to 100).

**Results:** Follow-up rates reached 68.7% ( $n=1032$ ) at 30 days and 62.6% ( $n=940$ ) at 90 days.

7 a.m. Delivery



**Physical Health**

Share 3 ways to burn calories while at home.

**Done!** **Pass**  
I'd prefer not to do today's challenge.

**How to do it**

Is the weather outside frightful? Think of three physical activities you can do indoors that don't involve going to the gym or buying expensive gym equipment. Jumping jacks? Dancing? Hula-hooping? Climbing the stairs? Lunges or push-ups? Make a list of things you can use for motivation and share these ideas with others.

Find out what this has to do with your well-being.  
See how other people have completed this challenge.

Remember to click the **DONE** button before this time tomorrow (7:00 AM) to get full credit (and points!)

**What happened yesterday...**

Congratulations! You completed yesterday's challenge.  
Give yourself a hand massage.

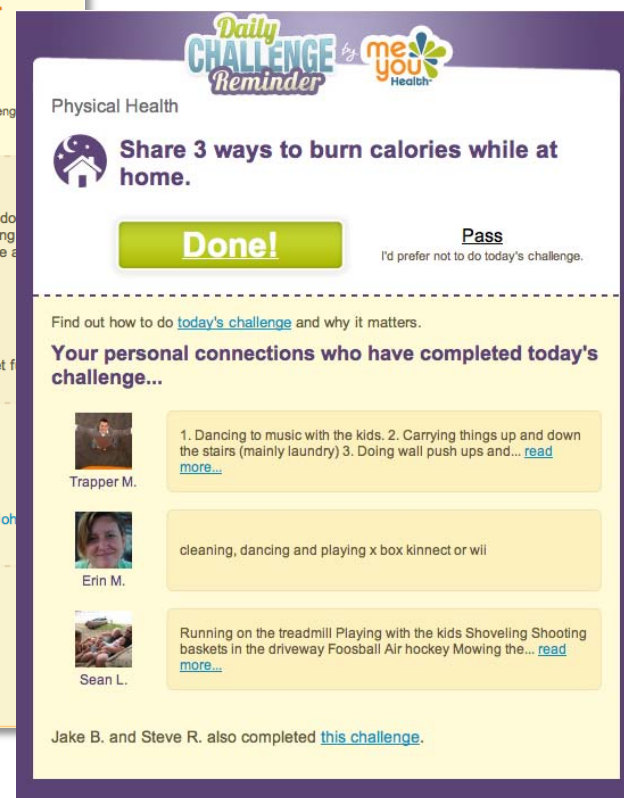
Chad D., Trapper M., Bill S., Erin M., Sean L., Nathan C., Jake B., Steve R., John H., and Kimberly F. completed this challenge.

**My accomplishments yesterday...**

Your post made 1 person smile

**You earned 180 points**

4 p.m. Reminder



**Physical Health**

Share 3 ways to burn calories while at home.

**Done!** **Pass**  
I'd prefer not to do today's challenge.

Find out how to do [today's challenge](#) and why it matters.

**Your personal connections who have completed today's challenge...**

Trapper M. 1. Dancing to music with the kids. 2. Carrying things up and down the stairs (mainly laundry) 3. Doing wall push ups and... [read more...](#)

Erin M. cleaning, dancing and playing x box kinnect or wii

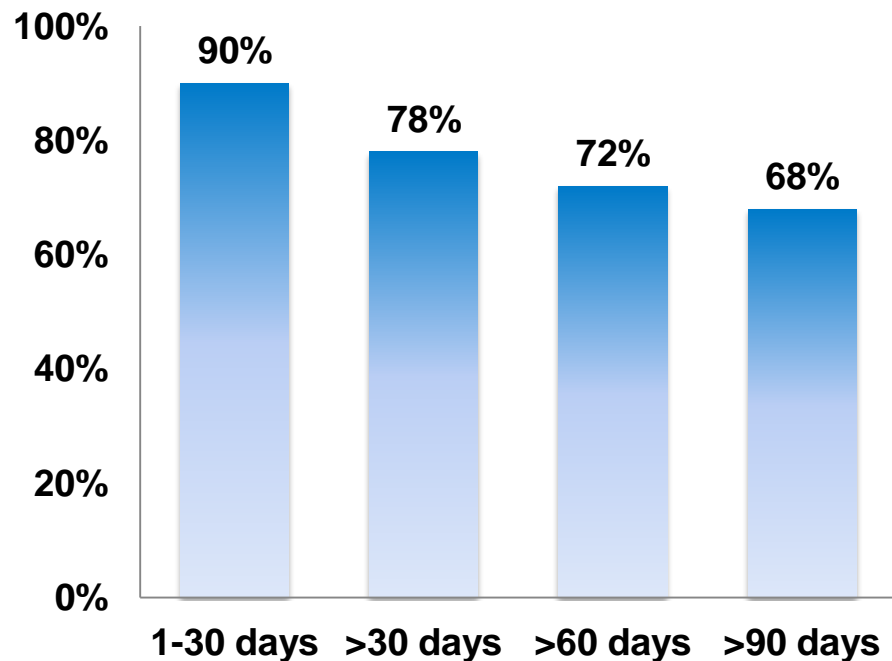
Sean L. Running on the treadmill Playing with the kids Shoveling Shooting baskets in the driveway Foosball Air hockey Mowing the... [read more...](#)

Jake B. and Steve R. also completed [this challenge](#).

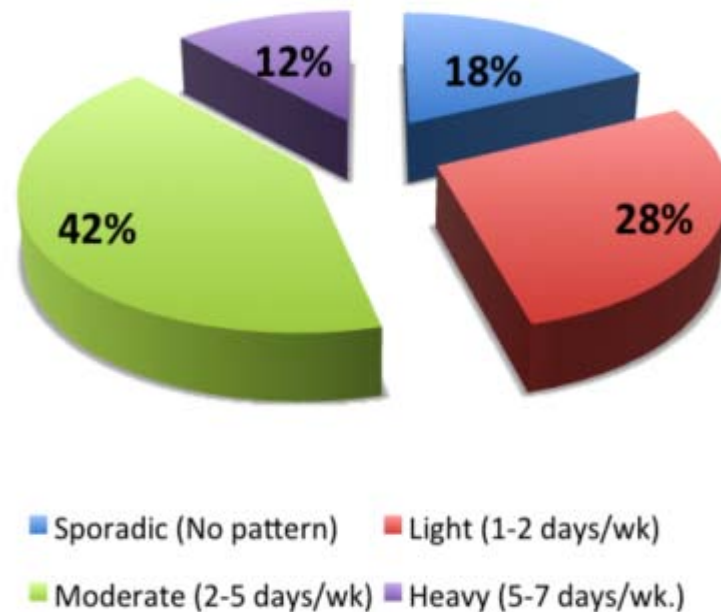


# Daily Challenge – Sustained Engagement

## Daily Challenge – Return Engagement



## Activity Patterns





# Well-Being Connect Portal – Small Easy Steps

My Well-Being Plan

Favorites

Groups & Challenges

Resources & Tools

Rewards Center

Manage Focus Areas

Primary Focus Area

Healthy Eating

Thinking About it

This Focus Area is designed to guide you to a healthy lifestyle that includes eating a balanced diet and making smart food choices - even if you're not ready to make any big changes yet. The steps you'll find here are scientifically designed to reinforce positive eating habits. Try them and you'll make progress toward making healthy eating a regular part of your lifestyle.

Let's try a few things.

See All Actions

0 action items completed.

Continue working on the actions below to earn more rewards and make more progress.

All Types

CONSIDER

Think about: How confident am I to add more fruits and vegetables to my diet this month?

COMPLETED

or Maybe Later

CONSIDER

Look for three examples in my community of changes that make it easier for me to eat healthy, such as a bigger produce section at my grocery.

COMPLETED

or Maybe Later

WRITE

Write and post a list of the benefits of healthy eating in a spot I will see every day.

COMPLETED

or Maybe Later

Trackers

Add More Goals & Trackers

My Inspiration

Edit

Who inspires you? What do you want to accomplish? What will motivate you to keep making progress on your Well-Being Plan?

Add Your Inspirations

Rewards Earned

0

Points

Rewards Center

Special delivery!

Want an easy challenge for improved well-being delivered to you daily? Sign up for Daily Challenge®. Invite your friends and family!

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HEALTHWAYS

# Financial Well-Being – Small Easy Steps

**FINANCIAL WELL-BEING™**  
featuring DAVE RAMSEY

HOME LESSONS ASK DAVE BUDGETS

Robert Williams ▾



**2** NEXT VIDEO  
**Kids and Money**

**CURRENT LESSON**  
**Relating with Money**  
How we handle our money impacts every part of our lives. It is a huge factor in marriage, a tremendous responsibility in parenting, and a potential landmine for singles.  
[Resume Lesson](#)

**FINANCIAL PROGRESS**  
**BABY STEP 3** Three to Six Months of Living Expenses in Savings  
[Learn more](#)

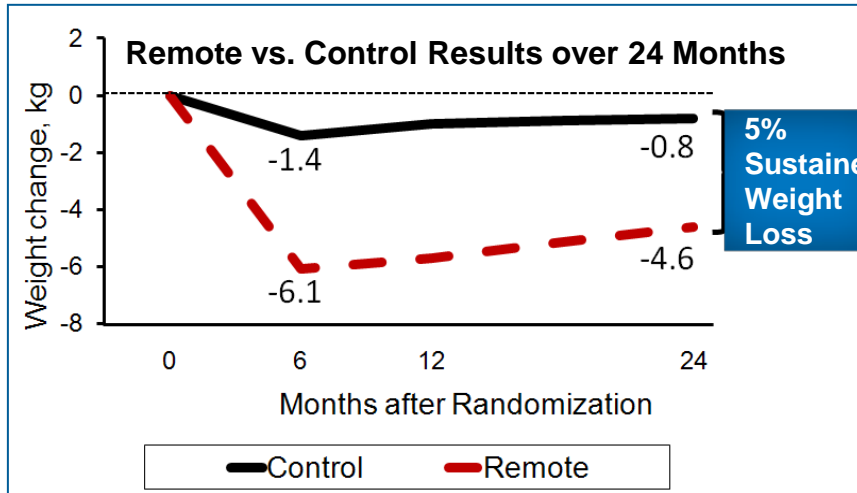
**INTRO**  
**COURSE 101**  
THE POWER OF YOUR INCOME  
**COURSE 201**  
PLANNING FOR THE FUTURE  
**COURSE 301**  
PROTECTING YOUR MONEY  
**FINAL**

**Endorsed local providers**  
Find local professionals that Dave recommends for  
Investing Real Estate Insurance Health Ins. Tax Services

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# Sustained Behavior Change

# Sustained Weight Loss = Innergy



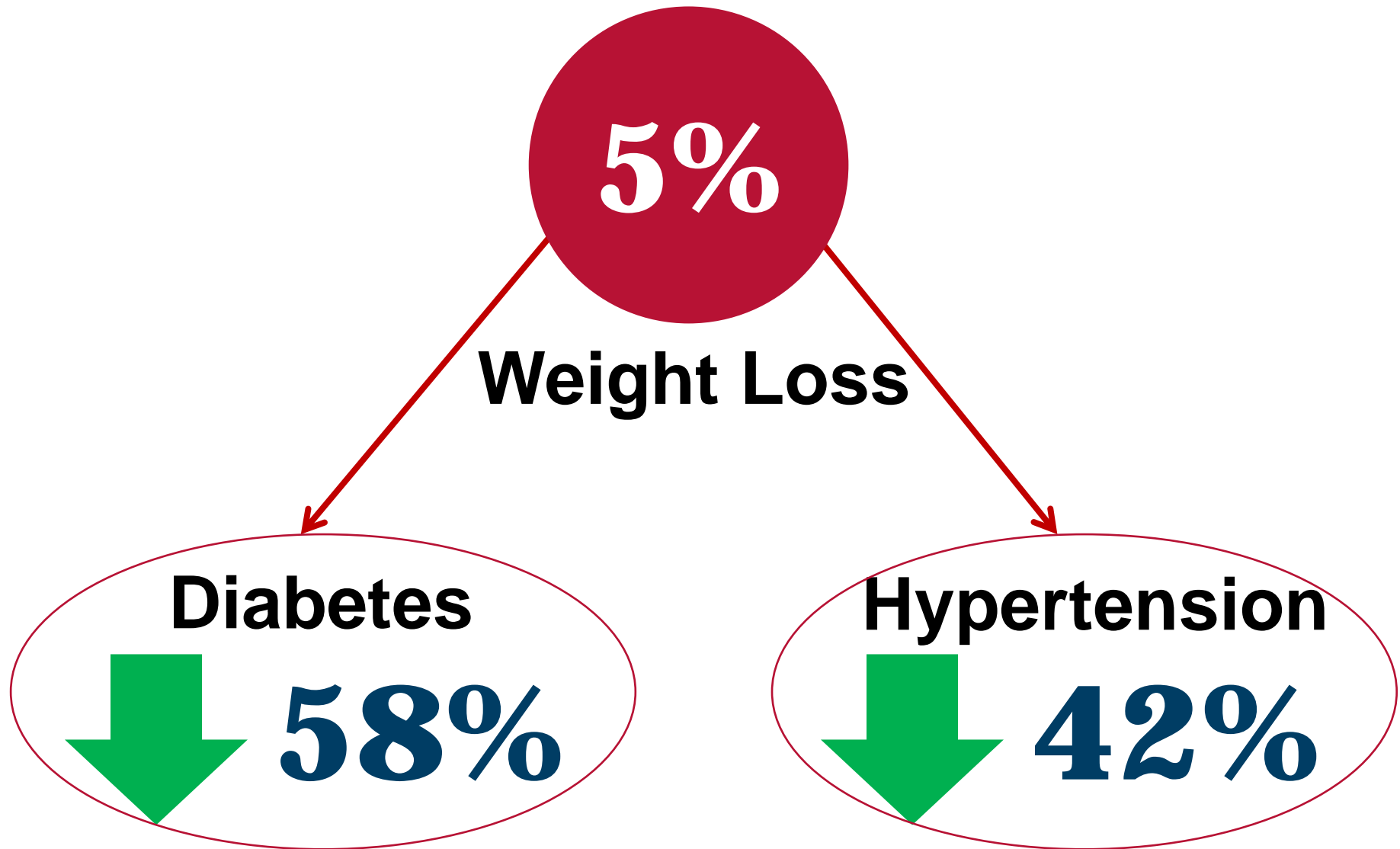
Telephonic and web-based methodology achieved clinically significant weight loss sustained over two years in an obese population.

**innergy**<sup>™</sup>  
healthier weight

from Healthways, in collaboration  
with Johns Hopkins Medicine

<Video link>

# The Impact of 5% Sustained Weight Loss



# Sustained Tobacco Cessation

- First and **most experienced** continuously operating tobacco cessation program – served over 1 million members
- **Busiest** online community – greater online usage increases likelihood of “staying quit”
- Leader in **behavior change** coaching, telephonically and online
- The only service to provide a robust, online-only intervention with **proven outcomes**
- Quit rate of **46%** after 7 months

# C-Suite Reporting



# Well-Being Improvement – Business Case

## Ranking 25 Separate Business Units by Well-Being Score

Well-Being Scores

% at Optimal Income

Overall	Life Evaluation	Emotional Health	Physical Health	Healthy Behavior	Work Environment	Basic Access	% at Optimal Income
66.4	60.9	76.4	78.1	62.6	46.9	85.5	41.7%
73.5	73.1	80.6	80.2	65.1	53.7	88.1	66.7%
72.4	70.4	79.7	82.4	66.3	49.5	86.0	64.5%
72.0	71.4	78.8	81.1	67.0	51.2	85.9	59.6%
72.0	69.6	78.6	79.1	65.6	52.6	88.6	39.2%
71.9	66.5	78.4	78.6	66.5	54.9	86.7	50.3%
71.8	71.4	79.1	81.5	64.9	53.9	87.7	69.2%
71.4	68.6	78.0	78.5	67.5	49.3	86.7	47.9%
71.2	67.7	80.0	81.7	64.4	49.1	84.5	51.4%
70.6	60.7	76.5	80.2	66.5	51.9	85.4	44.9%
70.6	65.8	79.6	77.6	62.6	54.4	86.0	41.6%
70.0	63.9	76.2	80.3	63.6	48.5	87.4	55.6%
69.7	58.0	76.5	78.4	68.4	53.2	85.6	63.6%
69.6	62.5	73.0	79.0	65.0	50.0	86.0	56.2%
69.2	64.7	77.5	76.8	62.6	46.0	87.9	51.8%
69.1	60.8	76.8	78.1	61.9	52.2	85.0	39.3%
68.6	61.6	75.5	76.8	65.2	46.4	86.2	51.8%
68.6	59.6	76.3	80.3	66.4	44.4	84.8	41.6%
68.1	59.9	77.9	78.9	61.5	45.3	85.0	40.8%
67.8	58.0	75.9	78.1	63.9	47.7	87.7	57.2%
66.3	58.3	74.7	78.4	59.2	46.0	81.1	31.7%
66.2	52.4	73.0	76.9	61.1	45.4	86.5	37.9%
65.8	59.1	76.4	75.8	53.4	45.6	88.2	28.4%
65.7	57.3	73.9	76.8	61.7	40.1	84.2	36.6%
65.5	56.8	76.3	76.7	56.8	43.2	85.4	28.3%
64.5	52.5	73.0	75.3	60.3	42.4	83.6	25.8%

TOP QUINTILE 2<sup>ND</sup> QUINTILE 3<sup>RD</sup> QUINTILE 4<sup>TH</sup> QUINTILE 5<sup>TH</sup> QUINTILE

CME AVAILABLE FOR THIS ARTICLE AT [ACOEM.ORG](http://ACOEM.ORG)

### The Association Between Modifiable Well-Being Risks and Productivity

*A Longitudinal Study in Pooled Employer Sample*

Nayan Shi, PhD, Lindsay E. Sears, PhD, Carter R. Coberley, PhD, and James E. Pope, MD

**Objectives:** To measure the longitudinal relationship between modifiable well-being risks and productivity. **Methods:** A total of 19,121 employees from five employers participated in baseline and follow-up well-being assessment surveys. Multivariate regression assessed whether changes in absenteeism, presenteeism, and work performance were associated with changes in 10 modifiable well-being risks. **Results:** Over time, a 1% reduction in total count of well-being risks was significantly associated with 0.78% decrease in absenteeism, 2.03% decrease in presenteeism, and 0.20% increase in performance. High blood pressure, smoking status, sedentary diet, inadequate exercise, poor emotional health, poor supervisor relationship, and utilizing drug/alcohol during job, and organizational consequences of well-being had greater independent contributions to explaining productivity improvement. **Conclusions:** The effects of modifiable well-being risks such as work-related and financial health risks provided incremental explanations of longitudinal productivity variations beyond traditional measures of health-related risks.

**Learning Objectives:**

- discuss the rationale for and development of "from health" productivity assessment tools
- summarize the associations between modifiable well-being risk and productivity measures identified by the new longitudinal study
- discuss the study implications for the development of multidimensional comprehensive workplace well-being intervention programs

Higher productivity was predicted by a reduced number of health risks.<sup>1,2,3</sup> Other studies have examined the differential impact of specific health risk status on productivity and have generally agreed that the contributions of individual health risks are unique and should be investigated separately.

Although there is much evidence supporting the connection between productivity and health risks, prior studies were primarily focused on cross-sectional observations that were collected at a single time. Researchers have acknowledged that the cross-sectional analysis is subject to common method bias (systematic variance because of the use of a single measurement method or measurement at a common point in time), a lack of ability to explain within individual differences over time and the inability to control for unobserved heterogeneity (behavioral change not observed in data but correlated with outcomes). Longitudinal analysis, to a large extent, accounts for these issues by using repeated measures at different time points for the same individual. To the authors' knowledge, nevertheless, only three studies in the longitudinal domain have assessed the correlations between productivity improvement and health risk reduction over time. Palfreman et al.<sup>4</sup> used a small single-employer sample (*n* = 500) and conducted repeated measures regression analysis. The results suggested that people who reduced the number of health risks by one were observed to have a 9% improvement in presenteeism and a 2% reduction in absenteeism. Lundstrom et al.<sup>5</sup> used a larger sample (*n* = 77,000) and confirmed that for those whose health improved, productivity improved level also decreased. That study also suggested that the movement from high risk to low risk for specific risks (physical inactivity, stress, depression, and weight) led to significant reduction in productivity impairment. Another study with a large sample (*n* = 7000) by Smith et al.<sup>6</sup> found that the increase in each risk factor was associated with a 1.0% loss in presenteeism over a 2-year period.

The primary focus in existing literature that estimated productivity loss was through health-related dimensions or productivity outcome instruments, such as productivity impairment due to general health risks derived from the Work Productivity and Activity Impairment Questionnaire<sup>7</sup> and presenteeism due to specific disease measured through the Standard Presenteeism Scale.<sup>8</sup> This approach is aligned with the traditional view of workplace interventions that aimed to prevent disease and further reduce health care expenditures.

From Healthways, Inc., Center for Health Research, Seattle, WA. The study was funded by Healthways, Inc. The authors were employed by or on behalf of Healthways, Inc., when the work was conducted. Authors Shi, Sears, Coberley, and Pope have no substantial professional relationships that present potential conflict of interest. The 2010 edition based and places have no financial interest related to the results. Address correspondence to: Nayan Shi, PhD, 701 East Sprague Street, Seattle, WA 98102; e-mail: nsh@healthways.com. Copyright © 2013 by American College of Occupational and Environmental Medicine. DOI: 10.1093/ACOEM/ACO141

JGIM • Volume 55, Number 4, April 2013

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Source: Healthways Well-Being Assessment Results, March 2010



# Well-Being Opportunity – Leadership Alignment

## OVERALL WELL-BEING IMPROVEMENT

Aggregate Scores by Division

Division VP	2013	+/- Nation	2012	+/- Nation	1-Year Improvement
J. Runner	66.0	+3.0	62.0	+0.1	+4.0
S. Healthy	65.2	+2.2	60.5	-1.4	+4.7
B. Balanced	60.1	-2.9	58.6	-3.3	+1.5
A. Zen	61.9	-1.1	52.0	-9.9	+9.9
J. Fit	68.2	+5.2	55.2	-6.7	+13.0
B. Walker	58.0	-5.0	57.9	-4.0	+0.1
NATION	63.0		61.9		

# Q & A