

More than Wellness: A Comprehensive Approach to Managing Costs and Creating a Culture of Health

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Manatee County Government

- *Self Funded PPO Plan*
- *3100 Employees/6800 covered lives*
- *Board of County Commissioners and Constitutional Agencies*
- *History:*
 - *PPO*
 - *Premiums increasing*
 - *1 Wellness Specialist in 2000*
 - *Unique Plan Design in 2006*
 - *Innovative arrangement with Aetna as ASO provider*
 - *16 Onsite Health and Wellness Staff-2016*
 - *Negative 2.3% trend since 2009*

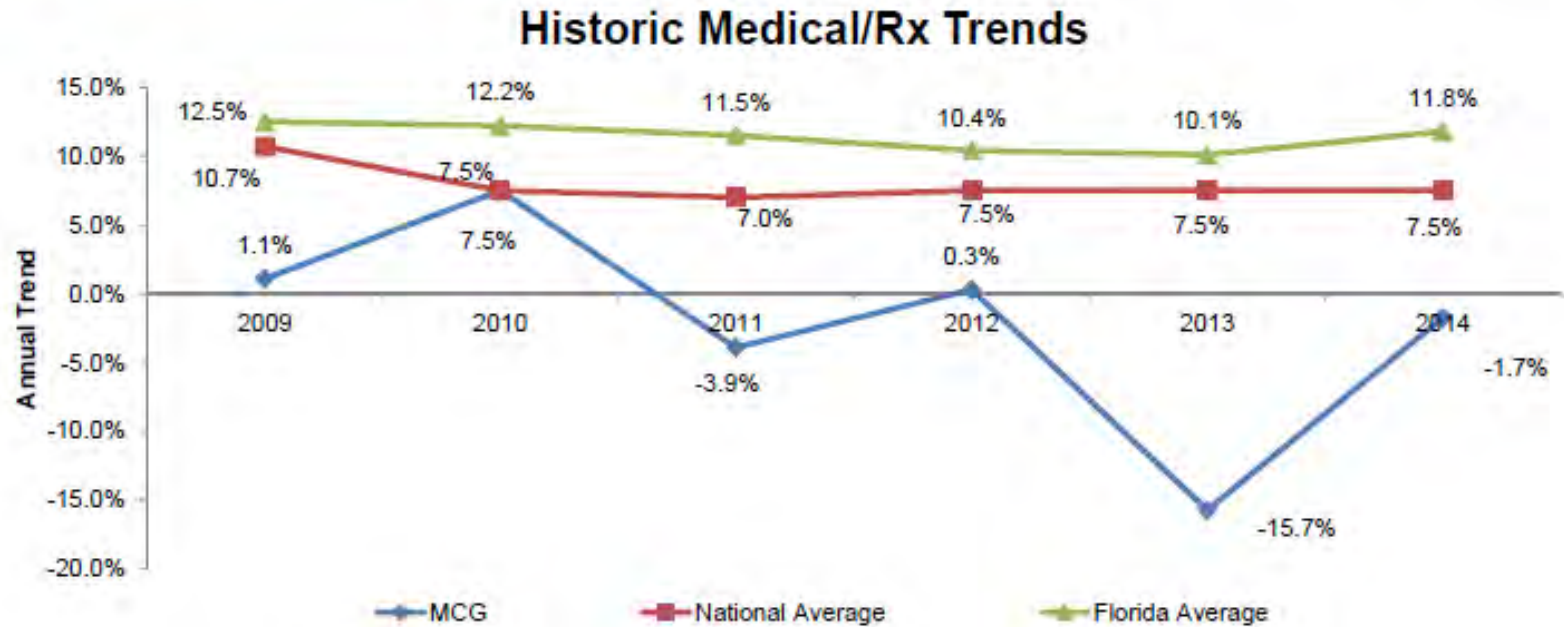


YourChoice Philosophy

- *Leadership Support-spend now to save later*
- *Engagement and Stages of Change*
- *Comprehensive and Integrated care In House*
- *Innovative*
- *Policies and Programs focus on employee's efforts towards better health*
- *ROI is Plan/Program Outcomes and Experience*



Trend: Benchmark Comparison



- Average trend increase over the entire period
 - Manatee: -2.3%
 - National Average: 7.9%
 - Florida Average: 11.4%

* Trend is after plan design changes

What is Wellness?

Plan Design, Incentives, Programming

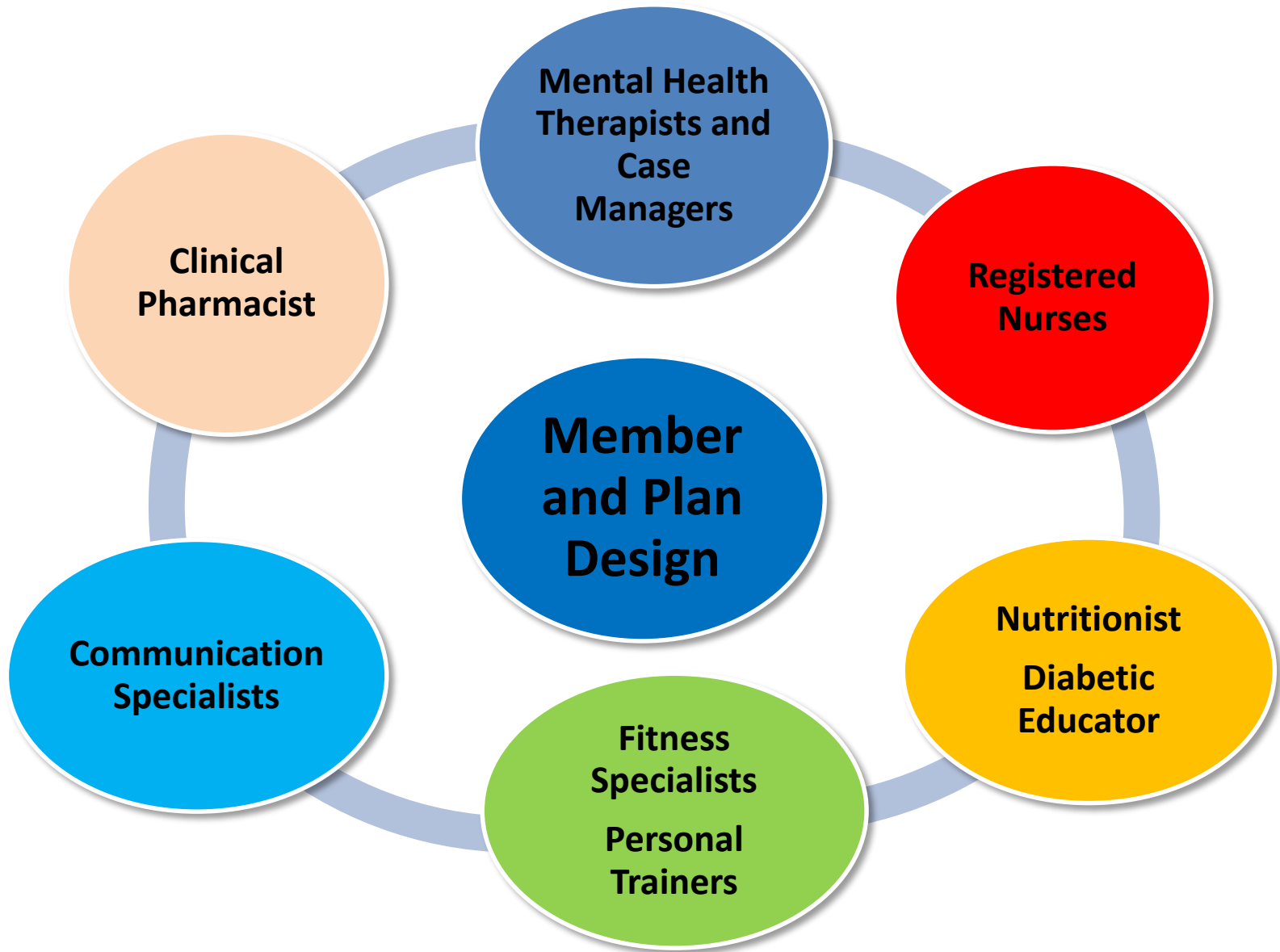
- *4 Plan Designs with **equal premiums*****
- *Gated Health Plan: Preventative Care and Tobacco Status drives eligibility*
- *Unique collaboration with Aetna and OptumRx*
- *Integrated Clinical Advocates on-site*
- *Incentive Programs to reduce premiums:*
 - *Weight*
 - *Exercise*
 - *Heart Health*
 - *Diabetes and Pre-Diabetes*
 - *Blood Pressure*
 - *Fitness Level*



Engagement in Prevention

- *97% of adult members complete:*
 - *Comprehensive Lab Work*
 - *Health Risk Assessment*
 - *Preventative Exam by Primary Care*
- *93% Complete Age-Based Screenings:*
 - *Mammograms*
 - *Colonoscopies*
 - *Pap/Pelvic*





Clinical Pharmacist

Mental Health Therapists and Case Managers

Registered Nurses

Member and Plan Design

**Nutritionist
Diabetic Educator**

**Fitness Specialists
Personal Trainers**

Communication Specialists

Menu of Services/Programs On-site

- *Medical and Behavioral Health Utilization and Case Management*
- *Medication Consults and Specialty Case Management*
- *Nutrition Counseling*
- *Onsite Mental Health Therapy and Psychiatry*
- *Personal Training and Onsite Group Exercise*
- *Health Coaching*
- *Tobacco Cessation*
- *Stress Management-HeartMath*
- *Weight Management/Weight Loss*
- *Competition based incentives*
- *Disease-specific Education Courses*



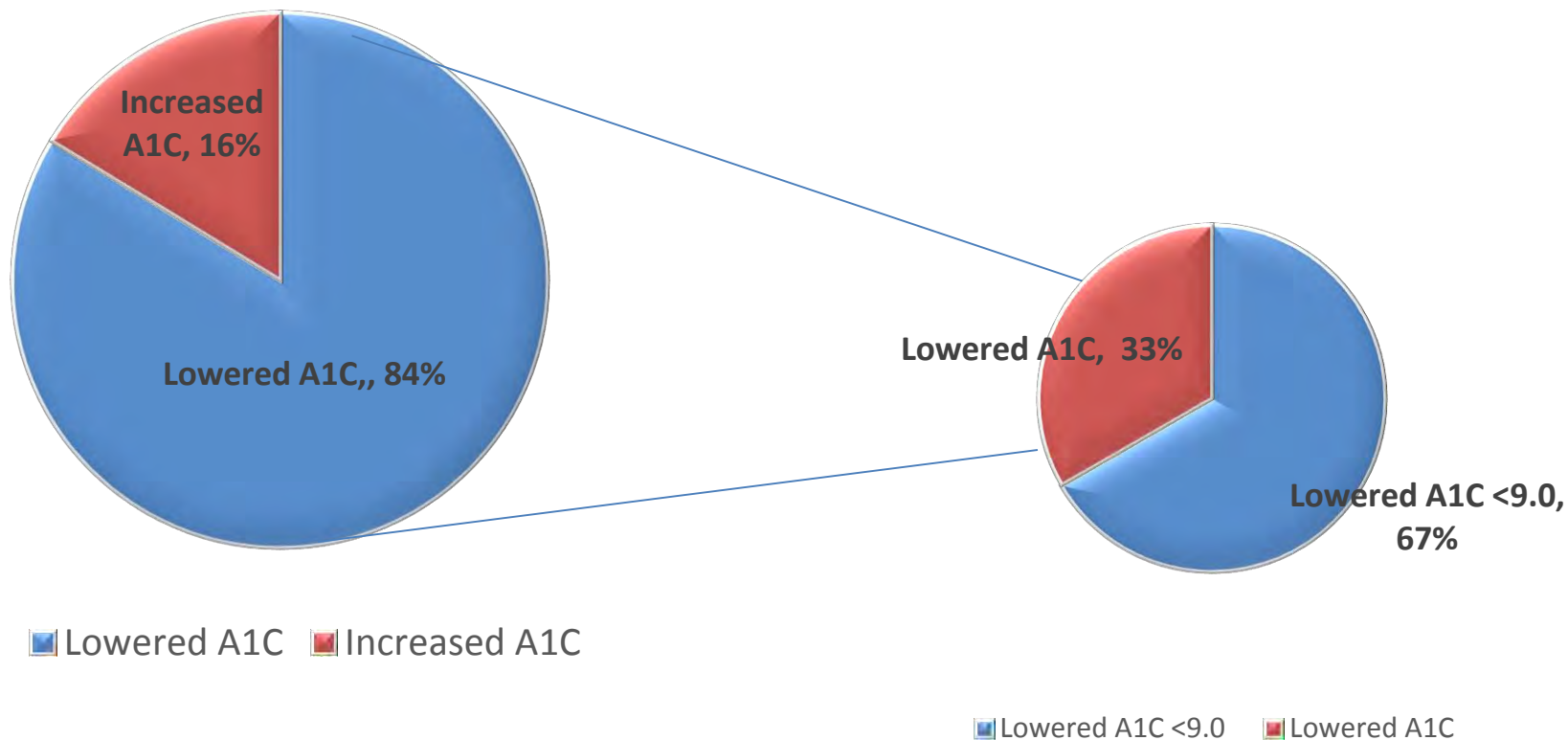
Diabetes Program-Plan Design

- *Approximately 6% of our member population has Diabetes. National average is 9.3%**
- *88% Member engagement, however risk level was rising*
- *Focus on Pre-Diabetes Population*
 - *Result was 45% reduced their risk*
- *Focus on High Risk Diabetes*
 - *Result was 84% reduced their risk*



**<http://www.diabetes.org/diabetes-basics/statistics/>*

Diabetes Members with Dangerously High A1C that reduced risk

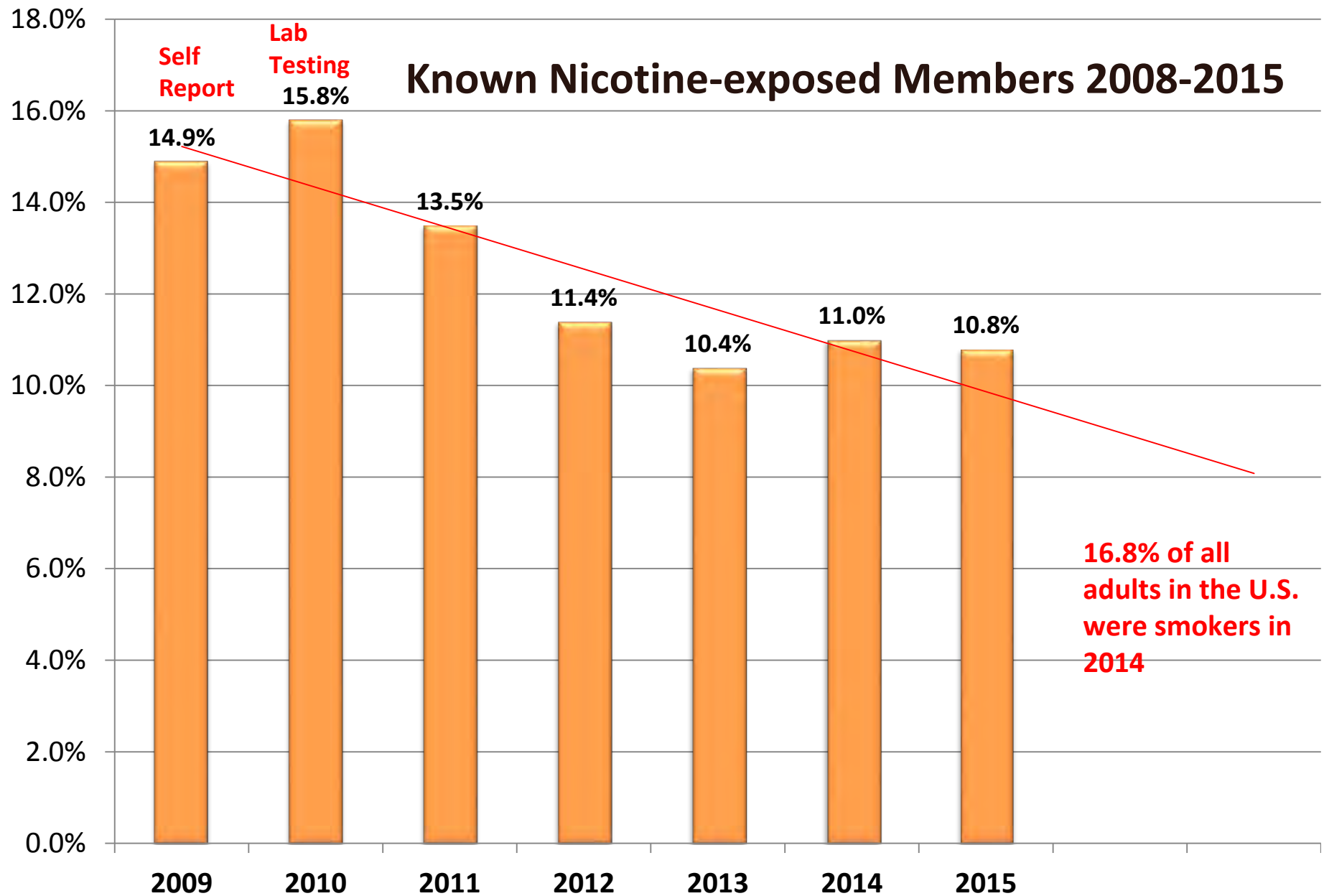


84% of those with an A1C of ≥ 9.0 , were able to lower their A1C; and of these, 67% came down below the danger level of 9.0.

Tobacco Cessation

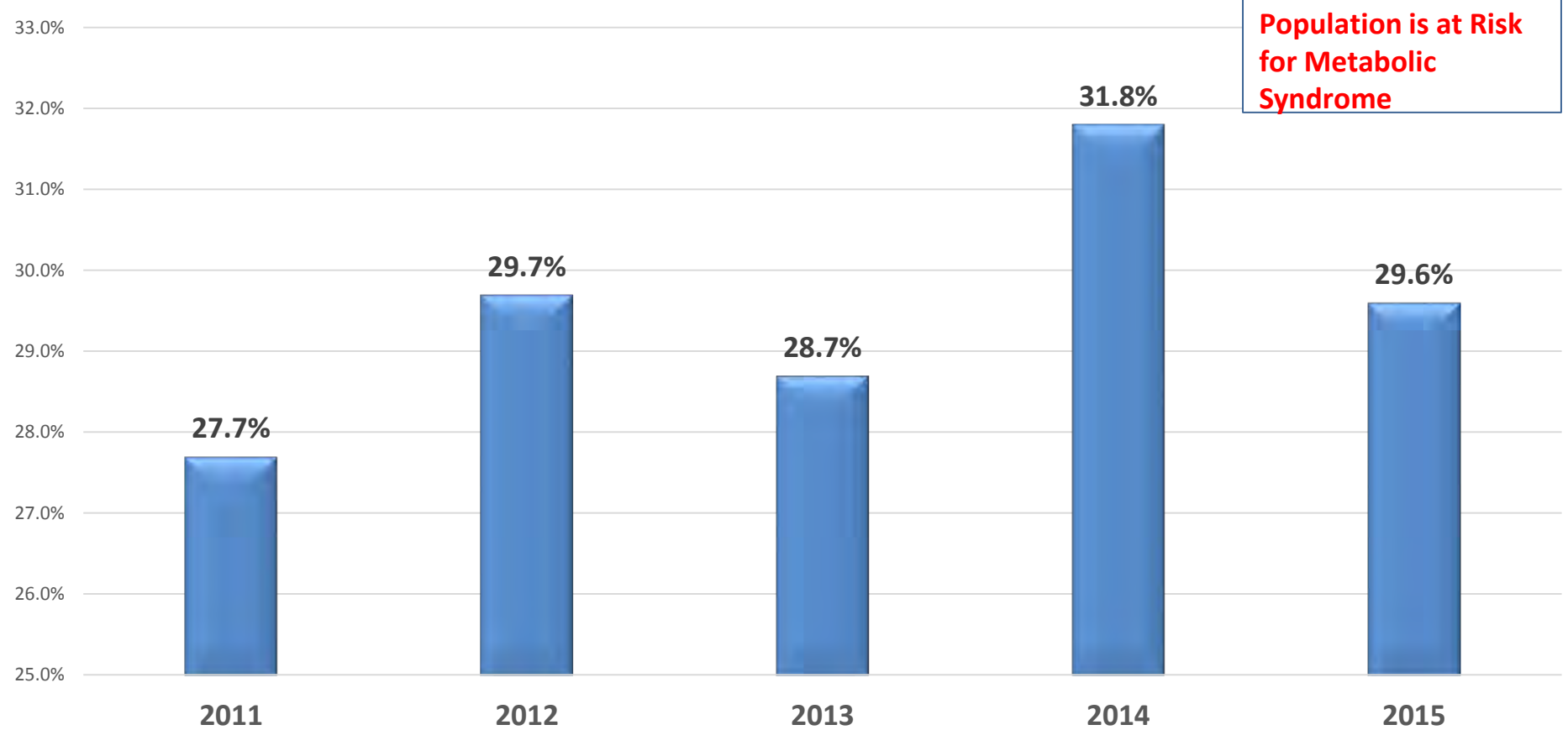
- *Onsite Programming*
- *Based on Stages of Change*
- *Individual, Group, Telephonic and Online Options*
- *Free Tobacco Cessation Aids*
- *Addiction component*
- *Lab verification*





Quest - Percentage of Members at Risk for Metabolic Syndrome 2011 - 2015

34% of the US Population is at Risk for Metabolic Syndrome



Manatee County Government

2015 Analytics Summary



65% of the cohort participants measured at high risk for Uric Acid (gout) in 2010 **had improved** to normal values by 2015.



63% of those with LDL at high risk in 2010 were able **to lower their risk by 2015**.



44% of the cohort participants measured at high risk for kidney problems in 2010 **had improved to normal** values by 2015.



56% of those with Hypertension **reduced** to moderate or low risk by 2015, however, **58%** who had normal BP had **increased** to moderate or high risk in the same period.



19% of the cohort group who started in 2010 without risk for Metabolic Syndrome had **increased to at risk for Metabolic Syndrome by 2015**.



Of those who started at risk for metabolic syndrome in 2010 and changed their risk level by 2015, **70%** **had reduced risk**.



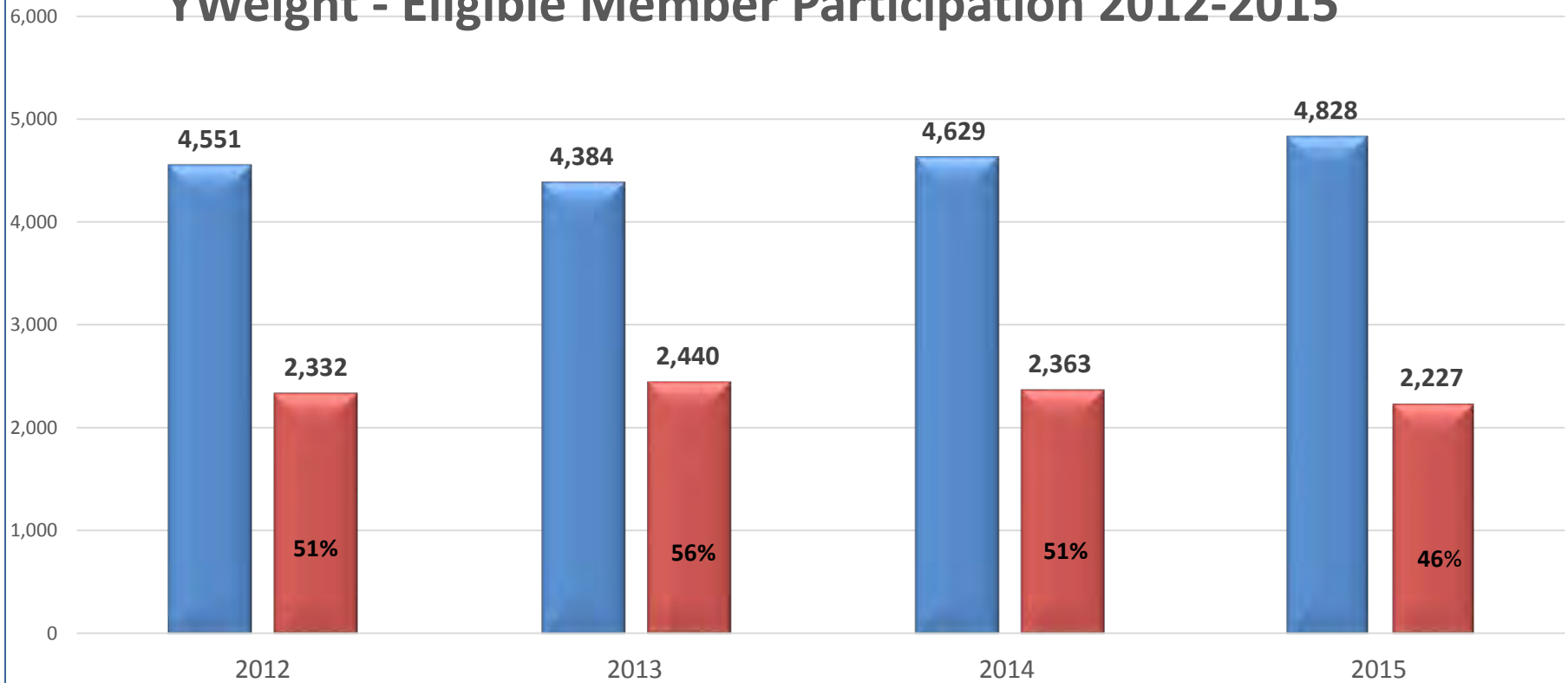
32% of the cohort participants who scored at risk for Metabolic Syndrome (three risks or above) in 2010, **reduced their risks to under three by 2015**.

Yweight?

- *At risk for Metabolic Syndrome*
- *Modifiable costs of \$2.5 Million related to obesity*
- *Progressive Incentive Campaign*
- *Goal:*
Incentivize members to engage in long-term healthy behaviors that reduce risk factors related to excess weight.



YWeight - Eligible Member Participation 2012-2015



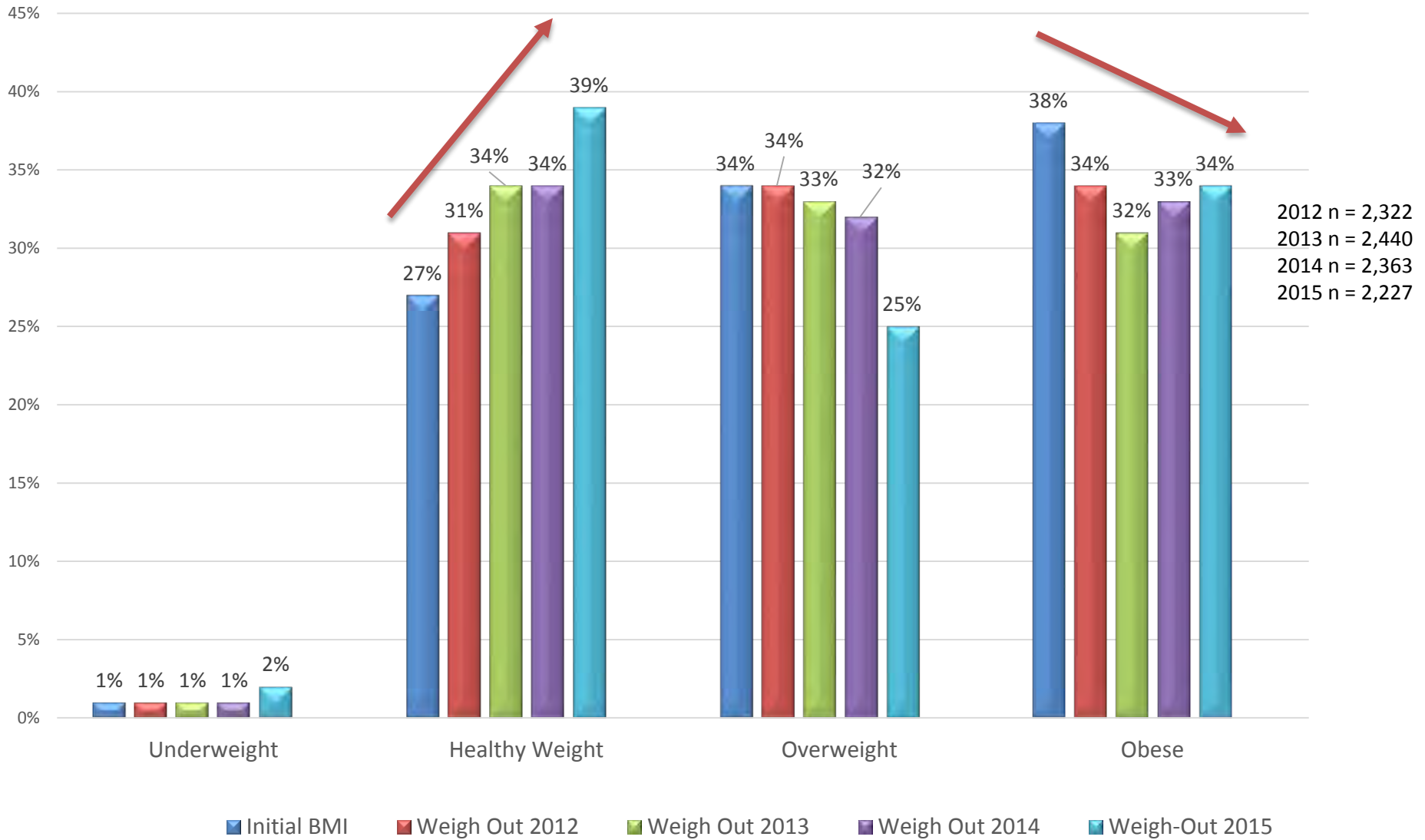
46% of the eligible population participate in YWeight

Weight Loss in Pounds 2012 – 2015



Yweight?

YWeight BMI Comparison 2011 -2015



Our ROI

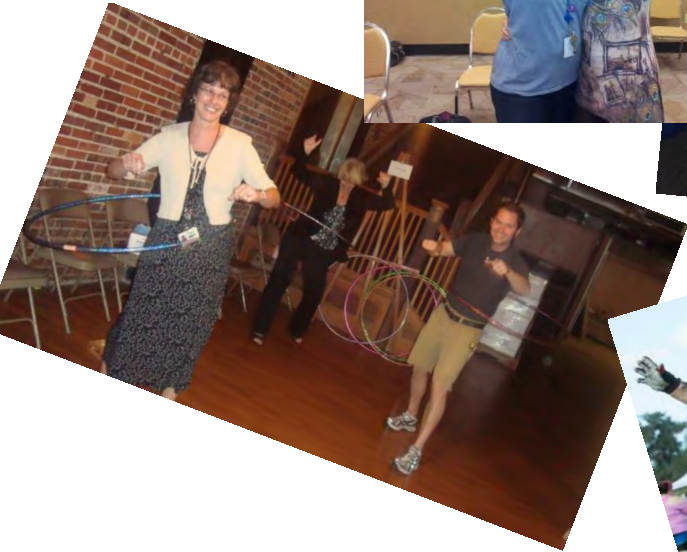
- *Negative Trend with no cost shifting to employee*
- *98% of Exit Interviews give highest marks for Benefit and Wellness program*
- *Reductions in biometrics and labs*
- *High usage of Primary Care*
- *85% Generic prescription usage*
- *17% less than PBM Book on PMPM Rx costs*
- *Employee Feedback*



Next Steps

- *Fully comprehensive onsite clinic*
- *Big data: Health Plan, Wellness, Human Resources, Workers Compensation, etc.*
- *Connecting the dots to total compensation*





Thank you!

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