

Out with the old, in with the new:

A vision for 21st century health benefit design

The Challenge

Gregg Lehman, Ph.D., president and CEO, HealthFitness, cites a number of reasons why now is the time to pursue a new vision for health benefit design:

- Half of all deaths in the United States can be attributed to a few preventable behaviors, such as poor diet, physical inactivity and tobacco use.
- As it's now structured, our health benefit system focuses on acute care rather than on preventing disease or keeping chronic conditions like diabetes or heart disease from getting worse. But chronic disease is the number one cause of death and disability and the number one driver of health care costs.
- The number of people with chronic illness is rising rapidly. In 2005, 133 million Americans had one or more chronic conditions. By 2030, that number is expected to increase by another 46 million.
- Our workforce is aging. The first baby boomers hit their 60s in 2005. And 62 percent of adults between 50 and 64 who work or who have a working spouse have at least one chronic condition.
- Health care cost increases continue to outpace inflation. As companies push to remain profitable, health care costs are having a negative impact on workers' wages and shareholder value.
- Global competition is putting tremendous pressure on corporations to control structural costs such as health care. At the same time, it's making it more important than ever for companies to recruit and retain healthy, productive employees who can give them an edge in the global marketplace.

American corporations carried heavy baggage into the 21st century. Rapidly rising health care costs were compounded by escalating obesity rates, an aging workforce and higher rates of chronic disease. The old "fixes" of the 1980s and 1990s relied primarily on "managing" care, and often translated into limiting services to control costs.

Towards the end of the last century both private and public organizations quickly adapted to the new digital age, but struggled to gain traction against rising health care costs. Annual health care spending per capita increased from \$356 in 1970 to \$6,697 in 2005; as a share of the economy, health care costs leaped from 7.2

percent to 16 percent of gross domestic product over the same period.¹ Employers battled rising costs using supply side strategies, but the effect was like squeezing a balloon: cutting benefits or shifting cost increases to employees could mean less preventive care and bulging acute care costs in the long run.

As the new century comes into full view, employers are looking for health management partners who offer more than traditional insurance against acute care episodes. There is a movement to create a culture of health that embraces prevention and wellness—a mindset for improving health instead of cutting benefits as a means to lower costs.

Characteristics of a "culture of health"

Creating a culture of health is essential for companies to excel in the global

marketplace. Health care cost increases have become a significant part of the "structural cost" of doing business in the United States, and a major component of global competitiveness. Organizations that cut health benefits or increase the employee burden for health care costs will dull their own competitive edge. On the other hand, employers who wish to increase productivity and bring new products or services to market must attract and retain valuable employees. A sharp focus on maintaining workers' health can address cost concerns in the

here and now by impacting both direct and indirect health care costs. It also demonstrates a commitment to employee well-being that will serve the organization long into the future. In short, organizational

health in the 21st century relies on a fundamental shift: viewing health as an investment rather than an expense.

What does a culture of health look like in practice? Organizations should look first to their own leadership principles and executive support. Do the corporate mission and vision statements support employee health and well-being? Is senior management represented in health management initiatives, actively engaged and adequately supportive? Managers should be role models, with top management—including the CEO—visible in health-related programs. Workers should be encouraged to participate through both financial incentives and access to programs at the worksite.

A culture of health is also reflected in an organization's structure, policies

There should be an integrated approach to managing employee health programs, aligning previously segmented functions like risk management, workers' compensation, health benefits, employee assistance programs, long-term disability, occupational health, and health and disease management programs.



In 2003, the National Aeronautics and Space Administration (NASA) asked the Institute of Medicine (IOM) to review NASA's occupational health programs, employee awareness of and attitudes towards these programs, and to recommend options for future worksite preventive health programs. The IOM's landmark report¹ selected the World Health Organization's definition of a healthy workforce as the goal of health management programs—that both individuals and organizations must be:

- 1. Healthy:** demonstrating optimal health status as defined by positive health behaviors, minimal modifiable risk factors, and minimal illnesses, diseases, and injuries;
- 2. Productive:** functioning to produce the maximum contribution to achievement of personal goals and the organizational mission;
- 3. Ready:** possessing an ability to respond to changing demands given the increasing pace and unpredictable nature of work; and
- 4. Resilient:** adjusting to setbacks, increased demands, or unusual challenges and returning to optimal “well-being” and performance without severe functional decrement.

¹ “Integrating Employee Health: A Model Program for NASA.” Institute of Medicine Report Brief June 2005 24 Aug. 2007 <<http://www.iom.edu/Object.File/Master/27/358/nasa--FINAL.pdf>>.

and procedures. There should be an integrated approach to managing employee health programs, aligning previously segmented functions like risk management, workers' compensation, health benefits, employee assistance programs, long-term disability, occupational health, and health and disease management programs. Within a corporate culture of health, workers' baseline health status should be assessed annually through a confidential health risk assessment and biometric screenings. Annual employee health management needs assessments should take place in the same manner that workforce training needs are assessed, and employees should have input into the programs the company offers. Ongoing, organized fitness programs, prevention programs (such as flu shots and ergonomic screenings) and self-care education programs should focus on keeping the healthy well and preventing those with chronic health conditions, such as diabetes, from getting worse.

A culture of health is reflected in the physical environment as well. The cafeteria and vending machines provide healthy food choices. On-site fitness facilities are active and workers are engaged. And employees have access to a health management resource library with information on self-care, first aid, and stress reduction techniques.

Gregg Lehman, president and CEO of HealthFitness, refers to creating and nurturing a culture of health as a major component of 21st century health benefit design.

“Employers need to think of employee health as an investment in human capital,” Lehman said. “When considered as an investment, employers will assess needs, create focused programming along the continuum of health based on the needs of the population, develop convenient access points to these programs—on-site, telephonic, Web-based—and offer the type of benefits that will reward and retain good employees. Ongoing support will

provide assessments, programs and the consumer decision-making tools necessary to allow employees to be active participants in their own care.

“The idea of 21st century health benefit design is to take a more holistic approach when designing benefits, factoring in both direct and indirect cost drivers, to start to provide benefits and tools that will support a culture of health as opposed to a treatment-focused culture of sickness.”

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Lehman is no newcomer to the notion of nurturing human capital to improve employee health and corporate productivity. In his five years as president and CEO of the Washington, D.C.-based National

Business Coalition on Health (NBCH), Lehman put value-based purchasing of health benefits on the front burner for employers across the nation. The idea was to select health care practitioners who produced the most positive health outcomes, thus the best value, for every health care dollar spent.

Lehman also was an early proponent of population health management (PHM), the strategy of assessing the health risks across an entire employee population and then offering workforce population-specific interventions to lower risks. By identifying health risk factors early, targeted interventions can improve health across the population, from those at low risk to employees who have one or more chronic conditions.

In a 2004 article on the topic, Lehman said “Employers have come to understand that PHM is actually an economic model that has a tremendous impact on their long-term success as a company. That’s why so many employers are looking for health plans with strategies that provide multiple touch points for all workers, not just those at high risk. The wiser companies out there are developing incentive plans for employees who keep themselves healthy.”²

The shift in employer focus arrives with bottom-line purpose. According to the Centers for Disease Control, both private and public enterprises must address



The Solution- 5 Steps to Success

How can companies make the shift to 21st century health benefit design?

First: Develop a culture of health.

Second: Move from an acute-care approach to a focus on fighting chronic disease.

Third: Use incentives to encourage employees to make the right choices and to reward them for the right behavior.

Fourth: Integrate all health-related programs with consistent data collection and output.

Fifth: Make a long-term commitment.

prevention of chronic diseases in order to lower health care costs. More than 90 million Americans live with one or more chronic illnesses, and they represent 61 percent of total health care costs. And the U.S. workforce is aging, the first of the baby boomer generation hit their 60s in 2005. Some 62 percent of adults ages 50 to 64 who work or have a working spouse have at least one chronic health condition, such as arthritis, cancer, diabetes, heart disease or hypertension.³

“Employers should seek to avoid costs, not just control costs,” Lehman now says. “We’re moving to create sustainable health care cost savings by engaging the employee to participate as part of the solution, by giving them tools they’ve never had before—to manage their own health and to manage their chronic conditions in partnership with their physician.”

From rocket science to the science of human health

Lehman’s vision is part of a trend in corporate benefits thinking towards a healthier workforce, and a more productive one—with data to measure and monitor programs.

Why the attention to productivity? A study⁴ published in July 2007 found that health-related productivity costs were four times greater than medical and pharmacy costs to business, and that top productivity cost drivers were different from top medical cost drivers alone. The findings support programs that improve not only direct medical cost savings but also take into account savings from reduced absenteeism, workers’ compensation claims, disability and “presenteeism”—when workers are on the job but functioning nominally because of health issues.

In 2003, the National Aeronautics and Space Administration (NASA) asked the Institute of Medicine (IOM) to review NASA’s occupational health programs, employee awareness of and attitudes towards these programs, and to recommend options for future worksite preventive health programs. The IOM’s landmark report⁵ selected the World Health Organization’s definition of a healthy workforce as the goal of health management programs—that both individuals and organizations must be:

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risk factors, and minimal illnesses, diseases, and injuries;

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The definition clearly indicates a view of “health” far exceeding an absence of illness; it describes an ideal workforce poised to meet challenges without the burden of disease as a constraint.

After evaluating NASA’s existing programs across the organization, IOM urged senior leadership to “communicate the critical importance of policies, programs, and practices designed to optimize health and productivity and promote an organizational culture that values worker well-being.” Report findings emphasized the need to integrate health programs so they align as a comprehensive approach

TABLE 1. Current Trends in America for a Healthy and Productive Workforce

Perspective	Current	Desired State
Function	Absenteeism	Performance
Cost metrics	Medical costs	Economic outcomes
Care model	Treatment-focused	Prevention and behavior change-focused
Medical model	Individual	Population
Health metrics	Disease status	Health status
Interventions	Single-risk focused	Multiple-risk focused
Health framework	Employer-, condition-, and program-centric	Employee-centric
Management systems	Segregated programs	Integrated systems

Source: “Integrating Employee Health: A Model Program for NASA.” Institute of Medicine Report Brief June 2005.



to well-being, operating as employee-focused integrated systems rather than the traditional program-focused model.

IOM also noted that “most organizations, public and private, follow a traditional model for providing health care to employees in which the focus is on disease status rather than health status, treatment rather than prevention, an individual medical model rather than a population-based health model, and single—rather than multiple—risk interventions, with segregated rather than integrated management systems. NASA is similar in its current approach to occupational and preventive health care...”⁶ The report findings included the need for a more effective, coordinated, and data-driven health program to support NASA’s mission and goals.

NASA may be viewed as a model for the 21st century organization; it employs a highly skilled workforce that functions under high pressure demands, short deadlines, and shrinking budgets. The same shortcomings identified in the IOM report may be said of most U.S. corporate health management programs, and are the basis for a new 21st century health benefit design envisioned by many employers.

“Employers are interested in not just controlling health care costs, but also encouraging personal accountability for employees to maintain a healthy lifestyle,” Lehman said. “And the third leg of that stool is that employers will increasingly be focused on both employee health and productivity. Productivity is the next great frontier in health management.”

The need to integrate health and productivity goals is strong. Productivity among American workers is at an all-time high, but pressures to increase productivity even further hold unknown consequences for worker health. Increased stress and pressure on employees is known to result in workplace injury and illness, and may negatively impact productivity in the long run.

It follows that 21st century health benefit design cannot be successfully launched as a top-down, company-imposed dictate—an added stressor on an already-stressed workforce. Rather, it is part of an overall corporate culture of health, emphasizing the employee’s vital role in company success, and thus the individual’s vital responsibility to reduce health risks.

Tools employers use to lower costs

Traditionally, employers have used three tools to manage health care costs: on the “demand” side, benefit plan design and employee education; and on the “supply” side, medical management. In all three areas, the use of incentives to encourage the right choices and to reward employees for the right behavior is key and will be a driver in successful 21st century health benefit design.

The goal of these new design features is to help employees reduce health risks and offer chronic illness self-management tools that can be used in partnership with physicians.

Demand-side tools employers use to lower costs: Benefit plan design

The menu of health benefit options that employers offer each year at enrollment influences how employees will use the health benefit. Benefit plan design tools include the types of health plans offered—ranging from the traditional 80/20 indemnity plans to the high-deductible health plans with health savings accounts. Benefit plan design can become as granular as whether certain services or procedures are included in the health plan, which provider networks are included, tiered payment systems for preferred drugs, and a range of deductibles and co-payments.

Employers use benefit plan design to steer employees to the providers that best address their health issues and will control costs. Provisions for preventive health screenings and services have been working their way into many

employee benefit package offerings for several years. Additionally, workforce population health programming is being introduced through use of the health risk assessment tool that allows employers to create targeted health management and disease management programming. The goal of these new design features is to help employees reduce health risks and offer chronic illness self-management tools that can be used in partnership with physicians. More often than ever, employers are using incentives to boost participation in programs.

“Aligning incentives is a key lynchpin in programs that have proven results,” Lehman said. “The biggest issue employers face is engaging employees in health management programs. Offering incentives will not only increase participation but also give employers the greatest opportunity to see a first-year positive return on investment in a health management program.”

The value-based purchasing programs of the last decade—those programs that promised to steer employees to demonstrably high-quality providers—have transitioned into today’s pay-for-performance initiatives, with higher pay to providers who produce demonstrably better health outcomes. Lehman said the same idea can be applied to employees.

“Part of pay-for-performance is paying employees for better performance—personal accountability for maintaining a healthy lifestyle. Or, if an employee has one or more chronic conditions, being accountable for self-care and managing that condition,” Lehman said. “When you have employee accountability, everyone has economic skin in the game. The employer should offer lower insurance premiums or lower deductibles, or some incentive for being part of the equation for managing both direct and indirect health care costs.”

Lehman said employers have reached a tipping point in asking employees to share the burden of increasing health care costs. “They’re in revolt,” he said. Instead, savvy employers are proposing a new option: participate in health management programs, and watch premium increases disappear from the pay stub. Employees still share skin in



the game, but realignment of which co-pays to raise and when to raise premiums serves to actively engage consumers in reducing their own health risks.

“Employers are telling employees that if they participate in a health risk assessment and biometric screening, and then if they have a health risk they enroll in a risk reduction program, the additional \$30 or \$40 insurance premium increase will be deleted,” he said.

“When employers do that, they will get about 70 to 80 percent of the worker population engaged in a program, and the 20-30 percent who don’t participate will actually fund a large part of the cost of the health management program. It’s a cost reduction for employees if they agree to become more accountable and agree to participate in a program provided by an employer.”

Some employers are refining their incentives even more for employees who need to manage chronic illness. Value-Based Insurance Design (VBID) targets “valuable” health interventions—

such as diabetes or asthma management medications—and lowers or eliminates the cost of the co-payment for employees with the diseases. For instance, Pitney Bowes reduces co-payments for all users of drugs commonly prescribed for diabetes, asthma and hypertension. A program implemented by a care management company working with Pitney Bowes, lowers co-payments for ACE inhibitors and angiotensin-receptor blockers (ARBs), beta-blockers, medications for glucose control, statins, and inhaled steroids (used largely to treat asthma).⁷

Similar programs have been incorporated into some health savings account products, such as one offered by Aetna which provides first-dollar coverage for medications used to treat some chronic diseases. In August 2007, health care consulting firm Hewitt Associates announced a collaboration with VBID trailblazers A. Mark Fendrick, M.D., of the University of Michigan, and Michael E. Chernew, Ph.D., of Harvard Medical School to develop an actuarial model to help employers quantify the cost impact of implementing such a design.

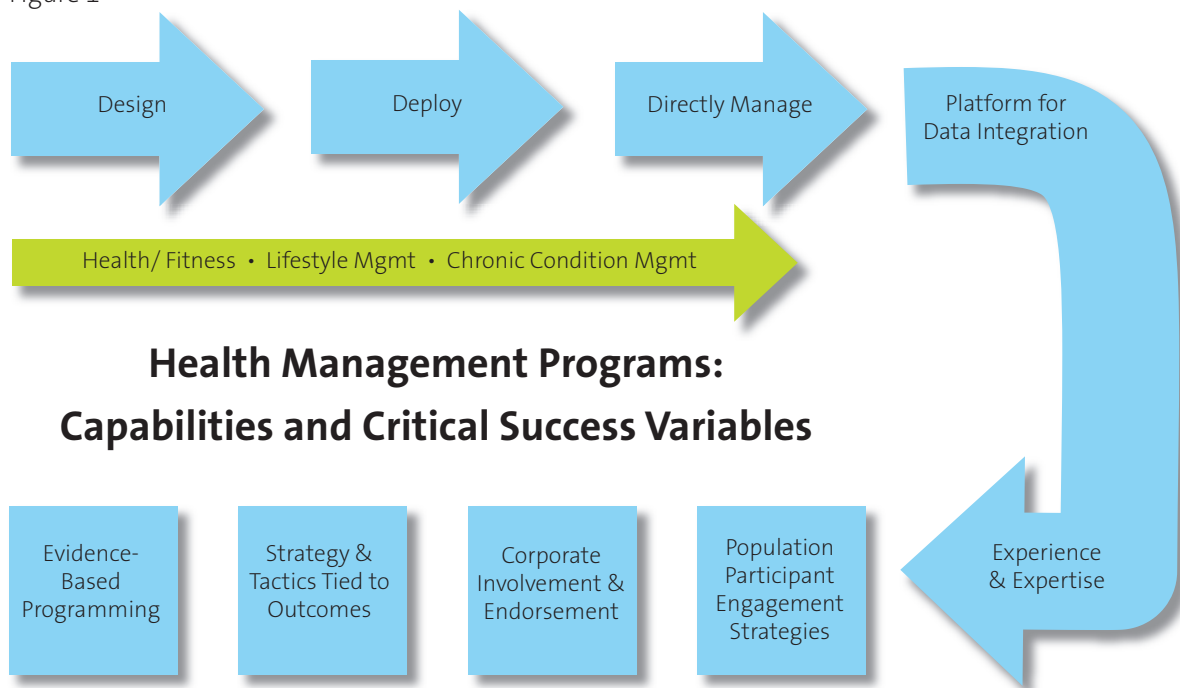
Data-driven decision making

Lehman said employers need data so they can know what intervention programs are producing the best and most quantifiable results—by both lowering direct health care costs and helping to measure gains in productivity.

“HealthFitness is in a position to develop the data dashboard to help standardize some indices so employers can make more timely and informed decisions,” he said. “Through our robust Research, Development and Outcomes division, we are strategically working to become the trusted health advisor to employers. Our strength is to help employers design, deploy and directly manage health management programs that serve total employee populations.” (Figure 1)

HealthFitness already provides data aggregation and quarterly reporting to employer clients on the effectiveness of its programs. The effect is a constantly evolving data picture HealthFitness can use with employers to build innovative programs that address employee needs in a changing environment.

Figure 1



“We will not replace the role of the employee benefit consultant, but our integrated data platform will supplement it,” he said. “HealthFitness is more than a vendor. We are an advisor that brings operative solutions to clients.” That platform can integrate data from numerous sources—health plans, employers and employee participant input such as health risk assessment and biometric screening results—to produce executive summary reports that lead to evidence-based programming, and informed strategy and tactics tied to outcomes.

Demand-side tools employers use to lower costs: Education

Employee education through health management is a key characteristic of 21st century health benefit design. As employers ask workers to become more accountable for their own health, they also must offer consumer support tools to help employees assess their current health status, grow in awareness of their own health needs, and manage, in partnership with their physician, their chronic conditions.

Annual health risk appraisals not only provide a baseline for individual measurement of current health status, they also provide to an employer an annual gauge of success of population health risk management strategies. Most important, they identify employees who already have chronic health conditions or are most at risk for becoming chronically ill. Employers use health management education tools—health

risk assessments, health management programs, fitness centers and education programs, health education libraries, health coaching (online, telephonic and face to face)—to support workers and as an investment in risk reduction and chronic health management. (Figure 2)

Health and disease management programs are an important step towards better employee health and productivity. Communication of what programs are offered, how benefit plan design supports these programs and how to access these programs are all elements of a corporate culture supporting health as an integrated corporate strategy.

“Employers have to move beyond just assembling good evidence-based literature for employees and giving them tools to navigate the health care system when they do get sick, to actually giving them validated decision-making tools which appropriately address whatever program they’re involved in,” Lehman said. “If we’re asking employees to change behavior, we need to communicate what that means in a succinct way, and we have to deal with cultural and attitudinal barriers that get in the way of program success.”

For example, Lehman said standard diabetes management literature provides “very generic diet and exercise information. I’m talking about actually helping the individual to set some goals, give them the right tools for them to set dietary guidelines or regimens, then hold them accountable and help them overcome barriers.”

Personalized health coaching is a HealthFitness core competency, and the basis for the company’s EMPOWERED™ Health Coaching program. Employees with identified risk factors who enroll in the program are assigned a dedicated HealthFitness coach—a single highly-qualified coach they will consult during the course of their entire program.

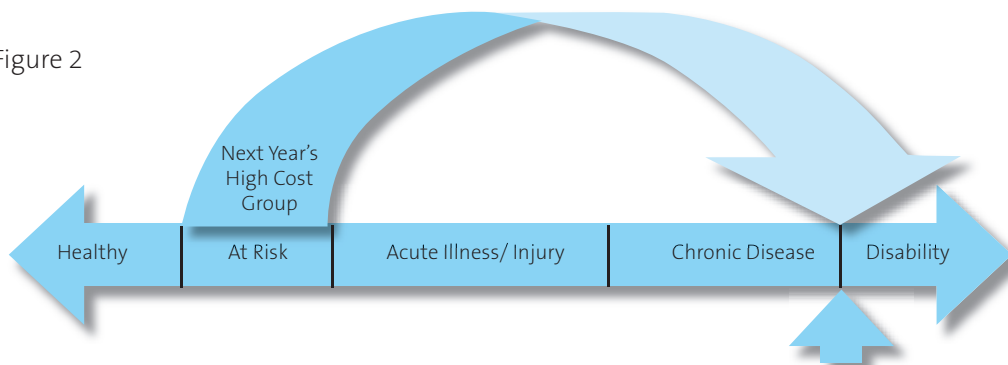
“The EMPOWERED health coach assists the participant in understanding their health risks, which may include more than one chronic illness,” Lehman said. “They work together with goal setting and developing steps to goal achievement.

“If you don’t tell an employee what to do with health information—if you just hand it to them in a brochure at enrollment time—they’ll usually just blow it off,” he said. “We show them how to customize materials to meet their own needs and in many cases, the needs of their family. For instance, a person with diabetes may also have osteoarthritis, which would prevent them from doing an exercise program they find in the literature. We help them adjust that program so they can have success.”

Employee education must address knowledge, but also must take into account participant attitude and behavior.

“Trained professionals can find out where a person is in attitude, whether they are ready to change, and then give them tools to really influence behavior change on an ongoing basis,” Lehman said.

Figure 2



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15% Employees; 85% Costs



Supply-side tools employers use to lower costs

In the 1980s employers experienced significant health care cost increases. To reign in costs, many used medical management programs such as utilization review, case management and disease management. While traditionally used for high-cost cases, medical management programming has evolved to tackle new and population-specific program needs expressed by employers, and an aging workforce.

Medical management

Medical management is an important component of 21st century health benefit design affecting those at the chronic illness and disability end of the continuum of care model. Chronic illness affects 15 percent of workers on average, but accounts for 85 percent of employer health care costs. However, real savings are found when employers offer more than utilization management, care management and disease management services to those who are already filing claims. Long-term strategies include early identification of those who are at risk, either due to family history or lifestyle habits, for developing chronic disease.

“Appropriate and timely chronic care management programs can delay and may avoid acute care episodes, which are what drive exorbitant costs,” Lehman noted.

“In terms of the evolution from acute care management to chronic medical management, the strategies that tend to work are personalized, in partnership with your physician’s treatment plan, and are best delivered in the kind of vernacular you would use to hire a personal trainer: to help you understand your condition, then help you manage your condition from where you are, using science-based tools and techniques.”

This shift in thinking supports a widely accepted model that is often cited as a rationale for how the practice of medicine should be adapted and restructured to better manage and pay for programs and management of chronic illness. The Chronic Care Model (CCM) put forward by Wagner et al.⁸ outlines six important

elements: the health system, community support, self management support, delivery system redesign, decision support, and clinical information systems.

An effective corporate benefit strategy for management of chronic illness demands standardized data from vendors the employer chooses. It also works best when corporate medical directors, human resources executives, risk managers and those responsible for health management programming collaborate and communicate.

An effective corporate benefit strategy for management of chronic illness demands standardized data from vendors the employer chooses.

“This is a fundamental shift in both how companies currently budget and organize programs that touch the health and productivity of their workforce. But it also focuses all parties on health behavior change, engagement, education and productivity and accountability,” Lehman said. “I believe corporate America is ready for this shift.”

As evidence, Lehman points to an April 2007 Hewitt Associates survey⁹ of about 450 major U.S. employers. The study found that 77 percent of responding companies are profiling the chronic health conditions prevalent in their workforce in 2007, compared with just 43 percent in 2006, and between 65 percent and 79 percent of companies gave employees—or planned to give them in 2007—access to targeted condition management.

“The key to the 21st century medical management program is not to figure out how to get patients out of the hospital, but a comprehensive care management strategy that focuses on controlling the condition, giving patients better self-management tools, providing programs to keep the condition from progressing, and more importantly holding providers accountable for care coordination and employees accountable for adherence and compliance to targeted programs,” Lehman said. “It’s not so much about

curing the condition, but keeping it from getting worse.”

Lehman said development of programs along a continuum of health takes into account risk categories and factors such as obesity that lead to chronic conditions. “After all,” he said, “It is really about managing risks.”

“There is irrefutable literature that shows the obesity epidemic is causing more type II diabetes than ever before, but through aggressive programs we can actually reverse the devastating impact of type II diabetes through our health management programs,” he said. “HealthFitness is about engaging people in our programs, even if they have one or more of these conditions, to keep them active and productive.”

Nuances within health plan design can contribute to employee participation and engagement in health and disease management programs and provider support for such programs. Better communications, better care coordination, even access to on-line clinical information, as well as more data feedback, can be key to helping triage those members with chronic disease into appropriate programs, and those at risk to early health management.

“This will take a tremendous amount of coordination with health plans and physicians, but HealthFitness is committed to building programs or partnering with others to apply a coordinated and data-driven systematic approach along the continuum of health,” he said.

Long-term thinking for long-term results

Concern about health care costs continues to be top-of-mind among employers. A 2007 poll¹⁰ of financial executives by the American Institute of Certified Public Accountants found that 99 percent were concerned about rising employee health care costs. But less than a quarter indicated that employees would shoulder increased costs. The positive effects of cost-shifting have proven to be short-lived.



As the incidence of chronic illness rises, organizations with responsibility for future health benefit needs are counting the cost. If trends remain steady, the number of Americans with chronic conditions is projected to increase by more than 1 percent each year through 2030—an increase of 46 million people.¹¹

In the public sector, the cost of retiree health benefits looms large. In an August 15, 2007, article in the Mobile Press Register, Alabama Retirement Systems Deputy Director Marc Reynolds said the long-term cost of underwriting future benefits is “just a time bomb sitting there kind of ticking.” That state alone estimates a 30-year retiree health benefit price tag of almost \$20 billion.¹²

But the cure may be found in 21st century health benefit design, which reduces the health risk for chronic illness, promotes better health and productivity, and reduces costs. It takes a partner with a vision for the future to make it reality. “Employers need a partner who can take on the role of trusted health program advisor, and can integrate data with other third-party vendors; someone with a proven intervention program and third-party-validated outcomes,” Lehman said. “Most important, however, is the ability to understand and become a part of the corporate culture in order to have the highest probability of effectiveness.

“Another trend is to integrate these strategies within the workforce through full-time employees of the vendor working as part of the client workforce,

with on-site facilities” he added. “Benefit consultants are saying that’s the next big wave. HealthFitness delivers programs on-site, telephonically, and Web-based. Through various touch points, this better equips HealthFitness professionals to understand the corporate culture, design plans that work for that population, implement seamlessly, evaluate programs and re-engineer if necessary, and to engage participants.

“If we learned nothing else from managed care, we learned that we underestimated the strength of on-site, face-to-face interaction with patients,” he added. “At HealthFitness, we believe that on-site presence creates trust, increases participation and adherence to program goals, and reinforces the corporate commitment to creation of a culture of health.”

Employer Resources:

Improving Health, Improving Business: the Employer’s Guide to Health Improvement and Preventive Services. Online at <http://www.businessgrouphealth.org/services/index.cfm>.

Improving Health: An Employer Toolkit <http://www.iom.edu/Object.File/Master/35/482/ToolKit06Web6.26.pdf>

Written by Health2 Resources

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¹“How Changes in Medical Technology Affect Health Care Costs.” Snapshots: Health Care Costs. Mar 2007. Kaiser Family Foundation. 22 Aug 2007 <<http://www.kff.org/insurance/snapshot/chcm030807oth.cfm>>.

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⁵“Integrating Employee Health: A Model Program for NASA.” Institute of Medicine Report Brief June 2005 24 Aug. 2007 <<http://www.iom.edu/Object.File/Master/27/358/nasa-FINAL.pdf>>.

⁶Ibid, p. 4.

⁷Chernew, Michael E., Allison B. Rosen, A. Mark Fendrick. “Value-Based Insurance Design.” Health Affairs 26, no. 2(2007): 195-203.

⁸Wagner EH, Austin BT, Davis C, et al. Improving chronic illness care: translating evidence into action. Health Aff (Millwood). 2001;20:64-78.

⁹“Hewitt Study Shows Companies Plan to Invest More in the Health of Their Employees.” Hewitt Associates. 19 Apr 2007. Hewitt Associates. 4 Sep 2007 <<http://www.hewittassociates.com/Intl/NA/en-US/AboutHewitt/Newsroom/PressReleaseDetail.aspx?cid=3995>>.

¹⁰“Financial executives indicate plans to shift healthcare costs to employees.” AccountingWeb. 25 July 2007. 27 Aug 2007 <<http://www.accountingweb.com/cgi-bin/item.cgi?id=103808>>.

¹¹Wu, Shin-Yi and Green, Anthony. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000.

¹²Reilly, Sean. “Time bomb’ health costs: State’s estimated 30-year bill adds up to nearly \$20 billion.” Mobile Press-Register 15 Aug. 2007 27 Aug. 2007 <<http://www.al.com/news/mobileregister/index.ssf?base/news/1187169975212160.xml&coll=3&thispage=1>>.

