

**Washington State Health Care Authority
Worksite Health Promotion**

This report is submitted in compliance with

**ESSB 5186 / chapter 360, Laws of 2005
Section 8**

**WASHINGTON WELLNESS WORKS
Legislative Status Report**

Scott Pritchard
Director, Washington Wellness Works
Health Care Authority
360-923-2752
Scott.pritchard@hca.wa.gov

December 1, 2006

WASHINGTON WELLNESS WORKS

Legislative Status Report

INTENDED OUTCOMES

From the Governor's Directive to the Health Care Authority (HCA) and the Department of Health (DOH) establishing Washington Wellness Works:

Government must play a leadership role in promoting prevention and wellness. I believe Washington State is especially well-suited to serving as a model, promoting healthy behavior among our own employees and retirees. In so doing, we not only improve the health of state employees and retirees, themselves, but also enhance their ability to serve state citizens.

HISTORY

Engrossed Substitute Senate Bill (ESSB 5186), enacted as chapter 360, Laws of 2005, section 8 (1, 2)

(1) The health care authority, in coordination with the department of personnel, the department of health, health plans participating in public employees' benefits board programs, and the University of Washington's center for health promotion, may create a worksite health promotion program to develop and implement initiatives designed to increase physical activity and promote improved self-care and engagement in health care decision-making among state employees.

(2) The health care authority shall report to the governor and the legislature by December 1, 2006, on progress in implementing, and evaluating the results of, the worksite health promotion program.

The Health Care Authority is pleased to submit this report as directed by ESSB 5186.

Governor's Directive

Washington Wellness Works (WWW) was created by a directive from the Governor dated January 20, 2006. The Health Care Authority and the Department of Health were directed to work with other state agencies to launch WWW as a statewide initiative to improve the health of Washington State employees and retirees. Government was directed to play a leadership role in promoting preventive health care and wellness. In doing so, we not only improve the health of state employees and retirees, but also enhance their ability to serve state citizens. In addition to state agencies, WWW was directed to partner with the institutions of higher education and the labor unions.

Engrossed Substitute Senate Bill 6386 (ESSB 6386) enacted as chapter 372, Laws of 2006, section 213 (14)

The legislative budget proviso was approved by the Governor on March 31, 2006:

(14) \$450,000 of the state health care authority administrative account – state appropriation is provided solely for an on-line employee health assessment tool.

These funds have been applied to develop an on-line health risk assessment (HRA) for Uniform Medical Plan (UMP) members. The UMP data (aggregate and not personally identifiable) will be used in combination with HRA data from Group Health Cooperative (GHC) and the other health plans available to state employees (Kaiser Foundation Health Plan of the Northwest, Regence BlueShield, and Community Health Plan of Washington) as actionable data to improve the health of the 320,000+ state employees, retirees, and dependents enrolled in the Public Employees Benefits Board (PEBB) program.

Washington Wellness Works Operational Structure

WWW is staffed through HCA. Staff is comprised of a Director, a communications lead, a program specialist, and an administrative secretary. As directed by the Governor, an advisory group called the “Health and Productivity Committee,” has been formed, consisting of members representing government agencies, higher education, labor unions, classified employees, and the private sector. Each agency and higher education institution has appointed a “Wellness Coordinator” to assist with implementation of the WWW initiatives within the agency or institution.

National Governors Association Grant

WWW has been awarded a \$100,000 grant from the National Governors Association to be applied toward developing and applying a robust evaluation tool. This was a competitive grant application, with only 13 out of 34 state applicants receiving grants.

PLAN FOR YEAR 1 (January – December 2007)

Model after Best Practices

WWW is developing its integrated health and productivity program from evidence-based literature and by modeling after successful public and private entities, both in-state and national. Private sector best practices examples include, but are not limited to, Boeing, Washington Mutual, and Weyerhaeuser. Public sector best practices examples include the Association of Washington Cities, King County, and the state of North Carolina.

Develop Functional Leadership and Infrastructure

A major success for Year 1 is the development of a functional infrastructure and training leadership.

The **Health and Productivity Committee** provides an advisory function for implementing WWW across the 100 agencies and higher education institutions. Its membership has been appointed, and quarterly meetings began in September. This group is expected to assist WWW in engaging senior management and union support for establishing policies to support WWW participation and sustainability. Key components of successfully engaging the targeted population are developing a leadership role by the unions and gaining senior and mid-level management support at each agency and in higher education.

An **Operations Team** has been established to do the work of developing the WWW components. This team is composed of key agency, higher education, and union representatives. It will draw on the resources of state agencies and the support of union leadership in developing effective approaches to increase physical activity, improve food selection, identify effective smoking cessation programs, complete preventive care screenings, increase the number of those who get flu shots, and address chronic disease issues across the target population.

Each agency and higher education institution has appointed a **Wellness Coordinator** to guide implementation of the core set of WWW initiatives within the agency or institution. Developing an effective matrix of Wellness Coordinators requires training and tools, and a consistent set of policies and outcome measures. The initial Wellness Coordinator orientation and training was conducted in September. A Web-based “resource library” is currently in development to provide the Wellness Coordinators with easy access to consistent tools, policies, and best practices.

Develop Capability to Communicate With and to Engage Population

The most crucial element of implementing a successful program is creating the capability to communicate with and engage the state employees, retirees, and dependents.

A **Web site** has been launched at www.wellness.wa.gov. The Web site will be enhanced during the year with tools to assist state employees to make health-enhancing behavioral changes. We have identified an “on-line physical activity tracking tool” that will be available through the Web site, and provides agency-level aggregate data as well as individual feedback. The interactive resource library currently being built provides a cost-effective delivery system for evidence-based tools and best practices for use by Wellness Coordinators.

The **Wellness Coordinators** are the most powerful tool for reaching and engaging members. They have access to senior management at their agencies. They understand how their agencies deliver information, and they are closer to employees. Many employees, especially in higher education, don’t recognize Washington Wellness Works

or HCA as relating to them; they recognize their employer - the state agency or institution of higher education.

Building a well-trained group of Wellness Coordinators is essential for success. Recognizing this importance, WWW is hiring a program specialist who will be dedicated to developing effective communication with and tools for the Wellness Coordinators. The Web-based resource library is also essential for cost-effective communication and availability of tools.

WWW has begun developing **partnerships with the health plans**, placing special emphasis on the programs offered through UMP and GHC. We are partnering with the health plans to address the issues of underuse, overuse, and misuse of benefits and health promotion and risk reduction programs. WWW has developed relationships with the UMP and GHC communication teams to collaborate on messages that relate to the WWW core set of initiatives.

Assess the Population – Evaluate the Program

Assessment serves two major functions in population health management. First is identification of health risks in the targeted population. The second function is to assess effectiveness of the targeted intervention. Aggregate HRA data and claims data are the two primary tools WWW will use. The **HRA** is a primary data source for HRA completion rates, physical activity, food selection, tobacco use, and flu shots. **Claims** data is primary for tobacco cessation benefit use and completion of preventive care screenings. Aggregate data will be available at the agency level on a monthly or quarterly basis whenever possible to provide feedback to the Wellness Coordinators on the effectiveness of their internal targeted interventions. The initial HRA evaluation of the population will occur January 1, 2007, through December 31, 2007.

An on-line **physical activity tracking tool** will be available in January for individual (employee, dependent, and retiree) tracking and assessment of physical activity. The individual data is then aggregated and reported at an agency level. The data will also be aggregated at the WWW level for assessment across the entire population. WWW is actively researching a **food recording tool** that will be employed in the same manner as the activity tool.

Year 1 Risk Reduction Targets

HRA Completion

The single most important outcome measure for Year 1 is the **HRA completion rate**. HRA data will guide the selection of targeted interventions for subsequent years, and provide evidence of effectiveness of each targeted intervention and of risk reduction across the entire targeted population. The data becomes more reliable as the completion rate increases. Industry data conclusively demonstrates that incentives increase HRA completion rates. WWW is not currently funded at a level that allows incentives to be offered across the population. UMP has implemented a \$30 incentive in its Health Counts program; GHC is not offering an incentive. Industry data predicts a completion rate of 20-30 percent without incentives. WWW will attempt to exceed the standard by using the

Wellness Coordinator connection and agency-level monthly reporting of completion rates.

Risk Reduction Targets

WWW did not have HRA data when choosing health risk targets in Year 1. Data from the Behavioral Risk Factor Surveillance Survey (BRFSS) was used to select the Year 1 targets.

Health risk reduction targets for Year 1 are listed below with the method of measurement:

- Physical activity (HRA)
- Food intake (HRA)
- Tobacco use (HRA)
- Preventive care screenings:
 - Cholesterol, colon cancer, PAP, mammogram (claims)
 - Blood pressure (HRA)
- Flu shots (HRA)

Risk reduction targets for Year 2 will be selected based on data from 2007 HRA completions.

Integrate with the Health Plans

PEBB has designed a comprehensive package of preventive care. WWW will work closely with the health plans to determine which benefits are being underused and will promote appropriate usage in the covered population. HCA will explore the use of incentives to encourage use of lifesaving and cost-effective preventive care benefits.

Evaluation

A well-designed evaluation methodology is essential to demonstrate effectiveness of WWW. The **University of Washington Health Promotion Research Center** has been engaged to design and perform an annual evaluation of WWW. We are closely collaborating with UMP in the evaluation process, and will be integrating GHC data and other health plans' data as they develop wellness programs. The evaluation will include impact on targeted behaviors using HRA and claims data, and will begin to link behavior change and health risk reduction to medical utilization and cost through claims data.

Additionally, we have engaged the **University of Michigan Health Management Resource Center** (UMHMRC) to provide evaluation design consultation for the component specifically linking risk reduction (HRA data) to cost and productivity. The UMHMRC is the national leader in this specific component of evaluation.

As noted earlier, WWW received a \$100,000 **National Governors Association grant** to be applied toward design and implementation of the evaluation for Year 1.

LONG-TERM PLAN (3-5 years)

Investment in Washington Wellness Works

WWW will develop component staffing and cost models based on public and private health and productivity management (HPM) program (the industry name for what used to be called worksite wellness) best practices during the start-up year of 2007. WWW will use public and private sector best practices as models for the development of a fully-integrated approach to achieving the industry established goals:

- Measurable health improvements
- Measurable productivity improvements
- Positive impact on medical cost trend
- Positive return on investment (ROI)

Sufficient staffing and investment is required to develop a fully-integrated program capable of achieving industry-standard outcomes. WWW will research best practices and develop a staffing and investment model to achieve the desired outcomes based on these public and private best practices.

Return on Investment

A fully-integrated HPM program provides a more comprehensive wellness program than the state can currently offer and includes features such as employee incentives. HPM programs can demonstrate an ROI, but it takes 3-5 years to begin to see a financial return. Large corporations nationally and internationally, and a few states, have begun making the investment. The ROI reported in the literature varies according to the scope of the program implemented, but is often in the range of 3:1.

The current level of funding for WWW, \$450,000, is adequate to build a first year basic infrastructure of a Health Risk Assessment and an evaluation methodology, but not sufficient to develop a fully-integrated HPM program that will significantly impact behavior change and see a financial ROI across such a large population.

Funding

An effective HPM program for a population of approximately 320,000 requires significant investment. Boeing is the only corporation of comparable size in Washington that has developed components of an HPM program. This investment can be achieved in several ways:

- **Pay as you go:** This approach purchases the essential components of an HPM program sequentially. The advantage of this approach is spreading the cost over multiple funding periods. The disadvantage is that return on investment may not develop until a majority of the components are in place and integrated.
- **Invest:** Essential elements of an HPM program can be purchased or developed as an investment. Initial costs will be substantial, but desired outcomes will be achieved more quickly.
- **Fund with savings:** HPM program components that have demonstrated potential ROI can be implemented, with additional components funded from the savings.

The length of time from implementation to calculation of savings can be lengthy, stretching out implementation of an evidence-based integrated program for many years. The cost of lost opportunity from health improvement and savings can be substantial.

SUMMARY

Outcomes:

- Year 1 (2007): Develop the capability to communicate with and engage the population. The most significant measure of engagement is the percent of the population that completes a health risk assessment. A second essential accomplishment of Year 1 is the development of an evaluation methodology.
- Year 2 (2008): Achieve measurable population risk reduction improvements.
- Years 3-5 (2009-2011): Depending on funding, develop an integrated HPM program modeled on best practices that will deliver measurable improvement in health, productivity, medical cost, and a positive ROI.