Hospital Challenges Employees To Choose Health

BY RHODA WEISS

Most businesses would seize an opportunity to attain high-quality health promotion services that help keep employees healthy and result in fewer days lost to illness or injury and reduced medical claims and hospitalizations. But four years ago Everett, WA–based Providence Hospital ran into roadblocks when staff approached Puget Sound businesses about contracting for the hospital's health-related screening and educational services.

Tough Questions

"Businesses wanted to know why they would want to spend money on these services," said Larry Wilson, the hospital's director of community relations. "They pointed to the dollars they were already spending on employee health insurance and questioned the benefits of such a program. These concerns had to be addressed."

Providence Health Promotion Department staff pointed out the positive effect program participation could have on a company's bottom line. "Potentially, a participating employer could realize substantial savings through reduced medical claims and hospitalizations for serious health episodes such as heart attacks," explained Wilson. "Providence Health Promotion staff pointed out that at least 50 percent of all deaths are associated with poor life-style and that 40 percent of healthcare costs related to unhealthy behavior could be prevented. Businesses started agreeing that a health promotion program might work well for them."

But then businesses began asking tougher questions, such as, How much can we save? Although Providence Health Promotion staff could point to statistical research that detailed the financial and health benefits of early interventions, employers were still unconvinced. They began asking, What is the hospital doing for its own employees?

Hospital Looks Inward

Rather than focusing on its own employees, Providence, like most healthcare organizations, was looking outward when it came to health promotion. Although it offered employees programs such as aerobics classes at a reduced cost, the hospital had no structured program aimed at improving or maintaining the health of its own employees. When hospital leaders learned that the average healthcare claim cost per hospital employee in 1991 was more than $600, they decided to take action.

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During the next two years, Ron Burt, an exercise physiologist in charge of Providence's Health Promotion Department, researched illness prevention and searched for hospital-based programs that had yielded quantifiable workplace success. He found that, of the few hospitals that did offer disease-prevention programs, most were limited in scope and conducted on a shoestring budget, with no way of effectively measuring results.

Burt found that the majority of employer-sponsored wellness programs have a severely limited scope, offering periodic blood pressure or cholesterol screenings and brown bag lunch presentations on health-related topics. They are not comprehensive nor outcome based.

"More times than not, workplace-sponsored programs attract only relatively healthy employees, not the 25 percent of employees who typically use 75 percent of an organization's healthcare expenditures," explained Burt. "Although encouraging staff to maintain good health habits is certainly important, it does not have a significant impact on health-benefit costs, which typically consume 11 percent of a company's payroll expenses nor does it affect absenteeism and worker compensation claims."

Burt was, however, able to identify a small percentage of programs that were well designed and truly had a positive financial affect. Such programs attracted high-risk employees through motivational tools, typically in the form of financial incentives.

With this in mind, Burt designed a comprehensive program that, through cash incentives, encourages employees to change their life-styles

and reduce their health risks. He could carefully monitor results through sick-time usage, screenings, and medical claims. The "Wellness Challenge," a voluntary, incentive-based benefit program for Providence's employees was launched in the fall of 1991.

The Program's Structure

Although the program has undergone minor changes since its implementation, its basic structure has remained intact.

Employees enroll in the "Wellness Challenge" through the benefits open-enrollment process, which takes place each fall. At that time, employees undergo a series of tests, such as body fat composition, and they complete a comprehensive health-risk assessment. Each participating staff person receives his or her individual results, along with a packet of information that describes program offerings and rules.

The next January, participating employees are "challenged" to meet 8 of the 10 following wellness criteria during the next 9 months, or benefit year:

- Cholesterol—a level at or below a set threshold, or 10 percent improvement of the current level or a TC/HDL ratio below 4.0
- Percent of body fat—a level at or below a set threshold, or a 3 percent decrease in the current level
- Healthcare use—$250 or less in healthcare use or claims paid during the benefit year (excluding preventive medical services)
- Blood pressure—a level below 140 mm Hg systolic and 90 mm Hg diastolic
- Sick leave—two of three program quarters without an unscheduled absence
- Seat belt use—seat belt use during all automobile trips
- Exercise—a minimum of 70 points during the program period (20 minutes of aerobic activity equals one point)
- Injuries—no lost work time because of pain or injury during the program
- Wellness participation—attendance at nine or more "Wellness Challenge" activities during the benefit year, including attending classes, viewing informational videos, and participating in low-fat cooking fairs
- Tobacco use—no tobacco use during previous three months

Staff who fulfill the requirements, receive a $250 bonus. The dollar amount goes up each successive year an employee meets the challenge. The top cash incentive is $325 after three years. Participants who do not meet the challenge are encouraged to try again. They also receive a $25 gift certificate good at a local mall.

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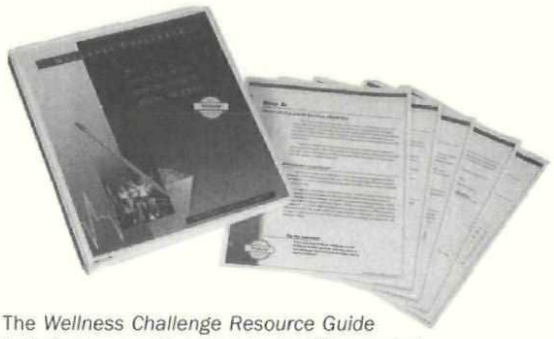

The *Wellness Challenge Resource Guide* includes a sample computer-tracking spreadsheet; promotional, educational, and evaluational documents on computer disk; and a two-day consultation/training program.

Positive Participation and Results

During the first year (1992) the "Wellness Challenge" was in place, 441 (51 percent) benefit-eligible employees accepted the challenge, hoping to improve their health and earn a bonus. The hospital's promotional campaign and incentive approach is credited with having attracted so many participants. Employees learned about the "Wellness Challenge" through newsletters, posters, flyers, letters from administrators, and paycheck stuffers. In addition, a "Wellness Challenge" booth was placed in the cafeteria to promote the program.

Although Providence Health Promotion staff were expecting positive results, they were surprised by the immediate impact made by the "Wellness Challenge." During the first year, 223 employees, or 50 percent of participants met the challenge.

Results—which meant a cost savings of nearly $200,000 for the hospital—showed that employees in the program:

- Reduced their sick leave usage by 25 percent
- Had no lost time because of low-back pain or injury
- Significantly reduced their body fat percentages and cholesterol levels
- Significantly decreased their health-benefit usage/claims

During the next two years, employee participation in the program grew and so did Providence's savings, reaching an estimated $550,000 after just three years of operation. Wilson reports that the average healthcare claim cost per "Wellness Challenge" winner was just $103 in 1992 (down from more than $600 in 1991) and average sick time usage dropped to less than a day a year. The benefits extend beyond measurable attributes. Employees report feeling better about themselves as a result of participating in the "Wellness Challenge."

Continued on page 54

Continued from page 51

Last year, when Providence merged with General Hospital Medical Center to form Providence General Medical Center, the "Wellness Challenge" was not only maintained through the merger but expanded to all the 1,650 benefit-eligible employees, more than 900 of whom accepted the challenge in 1995, ensuring the program will achieve new standards in savings.

The program has been successful because it addresses employees' actual health risks; anyone, regardless of age or physical condition, can succeed; hospital leaders support it; staffing is adequate; and it allows accurate tracking of results.

Additional Organizations Accept the Challenge

Because of the program's success, other hospitals, businesses, and the media have shown interest in the "Wellness Challenge." Demand for information on the challenge has outstripped the medical center's ability to respond, which has led Wilson and Burt to develop the *Wellness Challenge Resource Guide*, a step-by-step program guide. To date, 23 organizations, such as St. Vincent Hospital and Medical Center, Portland, OR; Mercy Health Center, Oklahoma City; and Genie Industries, Redmond, WA, have purchased the guide.

"The program is structured to be flexible and is equally useful for a senior population as it is for a younger, healthier group," explained Wilson. When combined with aggressive case management and care pathways, he says, it can benefit both and plan enrollees. The program is designed to build loyalty to the provider network and encourage enrollee retention in the managed care plan. □

For additional information on Providence General Medical Center's "Wellness Challenge," call Larry Wilson, 206-261-4575.

Continued from page 52

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individual, of the common good, and of care for the poor come in.

As stated in the *ERD*'s discussion of responsible stewardship, "a just health care system will be concerned both with promoting equity of care—to assure that the right of each person to basic health care is respected—and with promoting the good health of all in the community" (Introduction, Part 1).

Notice that respecting the dignity of the individual does not mean providing each person with every form of treatment he or she might want. Rather, it requires meeting the basic healthcare needs of each individual. This does not stand in opposition to the common good. For, in the words of the directives, "the common good is realized when economic, political and social conditions ensure protection for the fundamental rights of all individuals, and enable all to fulfill their common purpose and reach their common goals."

Thus responsible stewardship requires that we use our limited resources in a way that meets the basic needs of individuals and raises the overall health of the community.

The poor provide the vantage point from which one might judge how well this challenge is met.

The Principle of Subsidiarity

And who is to determine the basic needs and desirable health status of the community? Here the *ERD* appeal to another dimension of the Catholic tradition: the principle of subsidiarity. "The responsible stewardship of health care resources can be accomplished best in dialogue with people from all levels of society, in accordance with the principle of subsidiarity. . . ." The dignity of the individual requires that the individual have a voice in decisions that affect his or her life. Healthcare resources belong to the community as a whole; and that community should make decisions about how to use those resources.

Thus the fact that Catholic-influenced managed care limits the availability of certain types of treatment does not betray its Catholic roots. The real questions are: On what basis is the decision reached to limit those types of treatment? and, Who has a voice in the decision?

There is no simple, one-serves-all recipe for answering these questions. Each situation carries with it its own possibilities, as well as its necessary trade-offs and compromises. Prudential judgments are necessary.

But, at the end of the policy and at the end of the day, what should clearly and strongly mark Catholic managed care is its effectiveness in covering basic healthcare needs; in raising the healthcare status of the community as a whole, especially that of the poor; and in engaging the community as a whole in determining what is needed in both those categories. □