

What's Wrong with Wellness?

According to RAND's study, "[Multiple Chronic Conditions in the United States](#)," about 60 percent of U.S. adults live with at least one chronic condition, with 42 percent of adults suffering multiple conditions. Unless a company primarily employs young invincibles, most companies resemble these statistics or worse. A wellness program not cognizant of this reality is akin to outfitting all employees with the same size shirt.



The Journal of the American Medical Association (JAMA) recently published an [article](#) about a study written by a Harvard Medical School researcher and a dean at the University of Chicago, that measures the impact of employer-sponsored wellness programs. While an important topic and one of increasing interest to employers, these two universities and one publication at the top tier of U.S. health care royalty, reached the conclusion that workplace wellness programs are not worth the investment. Here is why all three are wrong.

Value-based care proliferates conversations on best practices in health care delivery. The focus on reimbursement for outcomes ushered in by the CMS will continue. Today's government-sponsored innovation models focus on bundle payments for episodic care, with quality as the standard measurement. These movements validate the interaction of data, quality objectives, incentives and accountability.

Employer-sponsored wellbeing initiatives are no different, and seek the same alignment of accountability, value and quality outcomes.

Wellness stubbornly sits on the periphery of health care, stuck in a version of Ground Hog's Day. Cookie-cutter in nature and dwelling in a vacuum, the employer wellness programs that appear in this assessment, studies sponsored by Kaiser/HRET, the University of Illinois and so forth, center on the same tired methodologies.

The JAMA study appears no different, although it made strides to incorporate elements of a successful health initiative. However, here is where it and other wellness programs fail: The program transacted outside of current health care trends and best practices. They do not integrate community-based resources and providers, nor are they data-driven in their design and focused on impacting the risk characteristics unique to the population.



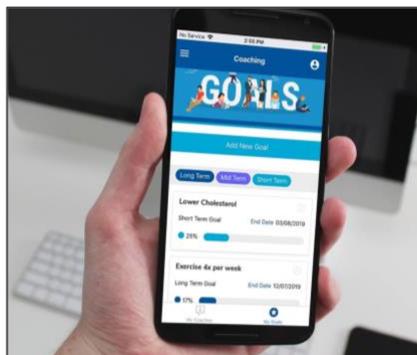
Successful employer-sponsored health initiatives are based on real-time data. Biometric data garnered via labs or at biometric screenings, and self-reported risk assessment data to reveal views on health, behavior and social determinants, all represent necessary data sets. Claims data must be utilized throughout a program to detail utilization, identify gaps in care and measure the efficacy of the wellbeing program itself.

Further, direct-to-employer strategies are best delivered in partnership with local health systems applying innovative, value-based care techniques. Here employer populations are risk stratified by disease or behavior state, and provided access to health professionals who guide employees through a prescribed care pathway. Effective initiatives provide routine and related educational content to inform the employee about the origination, potential impact and treatment of their health risks. Smartphones and wearable devices track steps, monitor heart rates, and measure caloric burn, and work to provide the employee and aligned health coach metrics to establish goals to help achieve health enhancement objectives.

From the outset, employers should expect an increase in utilization, particularly in pharmaceutical expense, as employees engage health enhancement services and medications. However, over time, as employee utilization moves from the ED to the PCP, costs will decrease, employee knowledge will increase and the long-term cost curve will bend. One client health system in the Southeastern United States partnered with a self-funded company employing 1,200, to improve the health of its workforce and mitigate spending costs. On the completion of the third year of the initiative, the employer realized a 31% decrease in utilization representing an annual savings of over \$1.6 million dollars.

The last 30-years has witnessed the employer/health system relationship mature into a valued partnership. Health systems are

disrupting the traditional payer model and are entering risk-based contracts featuring narrow networks built upon clinically integrated providers and bundle payment arrangements, as methods to mitigate costs. Today, health systems deploy innovative technology to align the health interests of employers with the resources of community-based providers, services and partnerships.



Employers interested in improving their bottom line should seek partners equipped with the competencies to deliver personalized health initiatives. Health systems bring an arsenal of tools that wellness companies and independent onsite clinics often do not. Successful wellbeing programs must move beyond cookie-cutter initiatives, and risk stratify populations based on their health interests, needs and influences. Behavior change and appropriate care must be delivered personally, locally and impactfully.

JAMA should be applauded for the intent of its article, but the movement towards population health and value-based care does not stop at the employer's door. As the single largest payer of healthcare services in the U.S., employers are driving change and doubling down on innovative partnerships that enhance health, manage costs and promote the wellbeing of every employee.

The JAMA study correctly states that wellness programs bear no short-term ROI. The race to sustainable health mirrors a marathon, not a sprint. Claims data should be used to chart progress and measure return-on-investment. The path to improved health means aligning appropriate health care professionals and resources with conditions unique to each employee. CDC recommended screenings and examinations play a critical role in the early detection of disease and illness, and should form the foundation of the initiative.