The Impact of a Weight Reduction Program in Aurora Health Care: Why Wait to Address Weight in Your Population?

March 2017
Introductions and Agenda

- Melanie Smith, DO
- Natasha Malesevich, MHA

- Aurora Health Care’s Wellness Program
- Health Management Resources
- Implementing and Engaging a Wellness Program
Aurora Health Care: Wellness Program
Overview of Aurora Health Care

**We help people live well**

- 32,000 employees
- 1,800 employed physicians and 400 Advanced Practice Providers
- Geographically spread - 240 locations
- Workforce is 80% female, 20% male
- Self – funded
  - 22,000 employees on our health plan
  - 8,000 spouses on our health plan
- Proactive/Innovative system
Live Poll Questions

Do you have a wellness program at your place of work?
Now is the time for wellness programs

- They can help reduce claims costs and risk
- Employers can’t afford not to be managing this
- Employees are starting to understand the connection.
- 3:1 Return On Investment (ROI) within 3 – 5 yrs. Industry standard
- This is a marathon, not a sprint.
## Evolution of the Wellness Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
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<tbody>
<tr>
<td>2008-2010</td>
<td>• HRA offered to employees</td>
</tr>
<tr>
<td>2011</td>
<td>• “Live Well” branded as formal Aurora strategy</td>
</tr>
</tbody>
</table>
| 2012       | • “Wellness Credit” concept instituted: Tobacco Free earns $40 per pay period premium credit, includes spouses  
             • Influenza vaccination as condition of employment started                                       |
| 2013       | • $1040 in Wellness Credits (HRA + Tobacco Free + Healthy Weight)  
             • Health Club monthly subsidy implemented  
             • First year to screen for Healthy Weight                                                  |
| 2014       | • Spouses can participate in HRA process to earn wellness credit for 2015                       |
| 2015       | • Spouses included in Healthy Weight measure to earn wellness credit for 2016  
             • Add Behavioral Health interventions  
             • Health Club subsidy expanded to spouses                                                  |
| 2016-2017  | • Review & refresh incentive program  
             • Implement social media component for engagement  
             • Addition of Financial Wellness                                                              |
Live Poll Questions

Does your organization use ongoing measurement to track the success of your wellness program?
## Measurement Dashboard

<table>
<thead>
<tr>
<th>Measure</th>
<th>Current Performance</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in PMPM (per member per month)</td>
<td></td>
<td>&lt; 4.0%</td>
</tr>
<tr>
<td>Paid Sick Days/FTE/Year</td>
<td></td>
<td>≤ 4.5</td>
</tr>
<tr>
<td>Low Risk (Lifestyle score &gt; 79 on HRA)</td>
<td></td>
<td>≥ 60%</td>
</tr>
<tr>
<td>BMI &lt; 27</td>
<td>Fitness</td>
<td>&gt; 50%</td>
</tr>
<tr>
<td>150 Minutes of Moderately Vigorous Physical Activity</td>
<td></td>
<td>&gt; 60%</td>
</tr>
<tr>
<td>Tobacco Users</td>
<td>Tobacco</td>
<td>≤ 8.0%</td>
</tr>
<tr>
<td>Annual Preventive Exam Visit</td>
<td>Screening</td>
<td>≥ 45%</td>
</tr>
<tr>
<td>HRA Participation</td>
<td></td>
<td>&gt; 70%</td>
</tr>
<tr>
<td>Prevalence of Stress</td>
<td>Behavioral Health</td>
<td>&lt; 25%</td>
</tr>
<tr>
<td>Prevalence of Depression</td>
<td></td>
<td>&lt; 11%</td>
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</tbody>
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Wellness Program Incentives (Wellness Credits)

- $1000/year/participant in incentives
- Incentives tied to both outcomes and participation

Health Risk Assessment (HRA) Wellness Credit

Tobacco Free Wellness Credit

Healthy Weight Wellness Credit
Using Extrinsic Motivators to Drive Behavior Change

- Fitness Club Reimbursement
- Weight Management Program Reimbursement
- Weight loss competitions
- Incentive for HRA completion
- Incentive tied to tobacco status
- Incentive tied to BMI outcome
Employee Wellness: 2013 HRA Significant Learnings

Prevalence of Conditions and Behaviors

Select Conditions and Behaviors Compared to Wellness & Prevention Book of Business

BIOMETRICS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Aurora Health Care</th>
<th>W&amp;P BOB</th>
<th>Areas of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme Obesity (BMI 40+)</td>
<td>6.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity (BMI 30-39.9)</td>
<td>25.3%</td>
<td>26.6%</td>
<td></td>
</tr>
<tr>
<td>High Fasting Blood Glucose (≥126 mg/dL)</td>
<td>3.4%</td>
<td>7.5%</td>
<td></td>
</tr>
<tr>
<td>High Cholesterol (total cholesterol ≥ 240 mg/dL)</td>
<td>5.3%</td>
<td>6.8%</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure (systolic ≥ 140 mmHg or diastolic ≥ 90 mmHg)</td>
<td>3.7%</td>
<td>10.8%</td>
<td></td>
</tr>
</tbody>
</table>
Top Health Priorities and Matched Productivity Impairment

- Data from 1/1/2013 through 12/31/2013
- Self-reported data from 16,963 participants

HealthMedia® Succeed®
Healthy Weight Initiative

Weight loss activities offered to employees include:

- Behavioral Coaching through Employee Assistance Program
- HMR Program for Weight Management
- Weight Watchers
- Fitness club participation
- Self-directed (5%) weight loss with re-measurement later in the year
Program Outcomes

- 56% participation rate in healthy weight alternative activities
- 7,200 participating in the health club subsidy program.
- Over 52 tons excess weight loss in the first four years
- Favorable health cost trend
Financial Performance

Aurora Employee Health Plan Financial Performance—
Paid Medical and Pharmacy Claims

Last revised: 11/17/2015
Financial Outcomes

Savings attributed to weight loss
- $20/pound saved in health care costs annually*
- 26,017 pounds lost in 2015
- $520,340

Savings attributed to tobacco cessation
- Annual savings of $1000/smoker**
- 265 less smokers in the past year
- $265,000

*Based on analysis of Aurora health claims data
**American Lung Association
Results - Weight Loss by 2013 Activity: 2013-2016

- Behavioral Coaching
- HMR Program
- Re-Weigh
- Weight Watchers

Pounds lost

- 2014
- 2015
- 2016

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Health Management Resources (HMR)
Approximately what percent of your patient population is overweight or obese?
Why Consider a Weight Management Program

Obesity is serious, common, and costly

More than 1 in 20 adults are considered to have extreme obesity

More than 2 in 3 adults are overweight or obese

More than 1 in 3 adults are obese

Per capita medical spending for obese individuals is ~42% higher per year than for those individuals in the "normal" weight range Finkelstein et al, Health Aff 2009;28:822-831
HMR: Intensive Lifestyle Change Program

Clinically-proven plans are designed to help people lose weight while learning new, healthy lifestyle skills to improve health and better manage weight over the long term.

- Clinic-based and remote options
- Medically Supervised
- Evidence-based, data driven
- Patient outcomes
- Maintenance program
The Partnership between Aurora and HMR

- **2009-2010**
  - Dr Melanie Smith researches weight loss options
  - HMR Burlington opens In-Clinic Program October 2010

- **2011-2012**
  - Implementation of the Healthy Solutions at Home phone support program for employees is approved

- **2013**
  - Employee program for Healthy Weight Initiative launches January 2013

- **2014**
  - Two additional clinics open in Spring 2014
  - Medical Weight Management Epic Orderable created

- **2015-2016**
  - Spouses added to Healthy Weight Initiative, Incentives increased
  - HMR added as Aurora Employer Solutions product line
  - Bariatric Pilot – Aurora Sinai Medical Center Bariatric Institute

- **2017**
  - Fourth Clinic Location Opens
HMR Program
A simple, evidence-based approach to effective weight loss

Two Commitments

1. Weekly group coaching
2. Daily record keeping

Three Imperatives
(The Triple Imperative®)

1. Minimum 2000 physical activity (PA) calories per week (after consulting with physician)
2. Minimum 35 servings of fruits and vegetables per week
3. Minimum 35 meal replacements per week during weight loss (“Phase 1”)
Meal Replacements
Support from clinical organizations

“For weight loss and weight maintenance, the RDN should recommend portion control and meal replacements or structured meal plans as part of a comprehensive weight-management program.”

Position Paper of the Academy of Nutrition and Dietetics, 2016

- Meal replacement diets produce greater weight loss and weight-loss maintenance than conventional diets.²

Scientific Opinion issued by a European Food Safety Panel

- One necessary component of evidence-based lifestyle therapy is meal plans, including the use of meal replacements.³

2016 AACE/ACE algorithm for the medical care of obese patients

What Does it Take to Weigh 300 lbs.?

Only 2.5 lbs. of high-fat food
Lower Calorie Foods Allow You to Eat More But Weigh Less

12 lbs. of food on the Healthy Solutions Diet
A Long-Term Approach to Weight Management

**PHASE 1**
22 weeks on average

Quick Start® to weight loss
Lose weight as quickly as possible eating only HMR foods and fruits and vegetables.

**PHASE 2**
Recommended 12-18 months

Weight Management
After reaching goal weight, transition to a long-term healthy eating plan of lean proteins, whole grains, fruits, and vegetables. Continue to learn ways to handle “real world” challenges such as restaurants or traveling.

**PHASE 3**

Long-Term Self Management
Options for ongoing support and accountability.
Research suggests that losing even 5% to 10% of initial body weight may improve health and risk factors\(^6\)

- **Clinic-based Decision-Free® plan**\(^2,3,4\)
  - Average percent of initial body weight (IBW) lost at 12–26 weeks: 16.4 – 21%

- **Clinic-based Healthy Solutions® plan**\(^1,2,5\)
  - Average percent of initial body weight (IBW) lost at 12–26 weeks: 13.7 – 15.8%

- **Healthy Solutions® at Home**\(^1,6\)
  - Average percent of initial body weight (IBW) lost at 12–26 weeks: 10.4 – 13%

- **Healthy Solutions Self-Directed**\(^7\)
  - Average percent of initial body weight (IBW) lost at 12 weeks: 6%

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Aurora HMR Clinic Patient Maintenance Data

Aurora HRA data: 2010-2015
- 136 in-clinic participants
- Average age: 55
- Average weight loss: 53 lbs.
- Average time between surveys: 1.58 Years
- 32% (44) men, 68% (92) women

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Initial</th>
<th>Follow-up</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cholesterol/HDL (ratio)</td>
<td>3.75</td>
<td>3.26</td>
<td>-13.1%</td>
</tr>
<tr>
<td>Triglycerides (mg/dL)</td>
<td>142</td>
<td>112</td>
<td>-21.1%</td>
</tr>
<tr>
<td>Systolic BP (mmHg)</td>
<td>127</td>
<td>121</td>
<td>-4.7%</td>
</tr>
<tr>
<td>Diastolic BP (mmHg)</td>
<td>79</td>
<td>72</td>
<td>-8.9%</td>
</tr>
<tr>
<td>Fasting Blood Glucose (mg/dL)</td>
<td>105</td>
<td>96</td>
<td>-8.6%</td>
</tr>
<tr>
<td>Weight (lbs.)</td>
<td>259</td>
<td>206</td>
<td>-20.5%</td>
</tr>
<tr>
<td>Physical Activity (kcal/wk)</td>
<td>632</td>
<td>1496</td>
<td>+137%</td>
</tr>
</tbody>
</table>
Aurora 2016 Employee Participation
Reported changes from baseline Phase 1 (79) and Phase 2 (71) attending 10/12 weeks (N=150)

<table>
<thead>
<tr>
<th>Average Weight Loss</th>
<th>Average BMI reduction</th>
<th>Per person weekly averages</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.3 / 41.2 lbs.</td>
<td>4.7 / 7.2 points</td>
<td>42 one-cup servings of fruits &amp; vegetables</td>
</tr>
<tr>
<td>This represents a weight loss of -13.3 / 16.3% of initial body weight</td>
<td></td>
<td>2,375 / 2,599 KCAL of physical activity</td>
</tr>
</tbody>
</table>

Values are average results from both the telephonic and in-clinic programs.

Healthy Lifestyle Changes Compared to the Average American:

- 12.6 CUPS FRUITS & VEGGIES per person per week\(^1\)
- 83 MILLION NO PHYSICAL ACTIVITY during the last year\(^2\)

\(^1\)State of the Plate: 2010 Study of America’s Consumption of Fruits and Vegetables—The Produce for Better Health Foundation. Reported as 1.8 cups of fruits and vegetables per day.
\(^2\)PA Council—4/22/15.
Employee Testimonial

http://link.brightcove.com/services/player/bcpid2381481374001?bckey=AQ~~,AAACKhr-62E~-wGt4YlmUZraG9QxQxVY7L5kOQR2pLyH&bctid=3580627156001
Results- Pre and Post Treatment Claims Costs

Objective
Determine if participation in the HMR weight loss program corresponds to reductions in health care costs for Aurora Employees who participated in 2013 & 2014.

Methodology
• 71 employees participated in 2013, 44 of which were continuously eligible for Aurora’s insurance for the period of 2013-2015.

• 81 employees participated in 2014, 42 of which were continuously eligible for Aurora’s insurance for the period of 2013-2015.

• Mean medical claim amounts and mean pharmacy claim amounts were calculated for the year prior to HMR participation for continuously eligible employees, and these averages were compared to mean claim amounts for the year after HMR participation to see if there was a reduction in claims costs.
Results- Pre and Post Treatment Claims Costs for 2013 HMR Participants ( N = 44 )

**Medical Claims**

Mean medical claims amount for 2013: $6383
Mean medical claims amount for 2014: $4420

30.8% Avg. Reduction

**Pharmacy Claims**

Mean pharmacy claims amount for 2013: $1294
Mean pharmacy claims amount for 2014: $1999

54.5% Avg. Increase
Results - Pre and Post Treatment Claims Costs for 2014 HMR Participants (N = 42)

**Medical Claims**
- Mean medical claims amount for 2013: $10969
- Mean medical claims amount for 2015: $6001

45.3% Avg. Reduction

**Pharmacy Claims**
- Mean pharmacy claims amount for 2013: $1699
- Mean pharmacy claims amount for 2015: $1122

34.0% Avg. Reduction
Implementing and Engaging a Wellness Program
Keys to Engagement

• Understand your employee population and provide the programs your employees really care about
• Provide the right kind of incentives
• Provide the right social support
• Offer variety and options (as feasible)
• Create a supportive climate
Building the Culture – Environmental changes

- Tobacco free campus
- Walking maps/walking paths
- Onsite fitness equipment/fitness classes
- Local wellness committees
- Weight Watchers meetings onsite
- Elimination of fried foods
- Color – coded beverages
- Chef cooking demos
- Daily “healthy plate” with recipes
Wellness Council of America’s 7 Benchmarks of results-oriented worksite wellness programs

1. Capture CEO Support
2. Create Cohesive Wellness Teams
3. Collect Data to Drive Health Efforts
4. Carefully Craft an Operating Plan
5. Choose Appropriate Interventions
6. Create a Supportive Environment
7. Carefully Evaluate Outcomes
In conclusion

We have helped ...

• Promote a corporate culture of wellness
• Improve corporate fitness score
• Reduce several major health risks
• Blunt the rise of health care costs
• Create a sustainable model
• Act as role models
Appendix
# HMR Program Costs & Incentives

<table>
<thead>
<tr>
<th></th>
<th>Classes and Coaching Support</th>
<th>HMR Foods</th>
<th>Medical Supervision Clinic Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HMR Program Cost – Retail Value</strong></td>
<td>$25/week</td>
<td>~$100/week</td>
<td>Varies by participant(^1)</td>
</tr>
<tr>
<td><strong>Employee &amp; Spouse Discounts/Incentives</strong></td>
<td>$0/week</td>
<td>50% reimbursement after 12 weeks (up to $600)</td>
<td>Paid through Flex Savings or Health Savings Account</td>
</tr>
</tbody>
</table>

**Annually, Employees & Spouses can save up to $2,250\(^2\) through the incentives offered through HMR and the Aurora Wellness Team**

\(^1\) Varies based on individual health assessment  
\(^2\) $1300 on class fees, $600 on food reimbursement, $350 through insurance credit. Does not include savings by using FSA or HSA