

# Put away the cookie cutters— not just the cookies: *Workplace health and well-being won't fit in a box*

## ISSUE BRIEF



Health is bigger than you think.

In the fee-for-service world, sickness and symptoms became the center of attention rather than support for optimal health and well-being—even in primary care.

That's one reason employers often contract with outside providers to fill the gap. But employer wellness strategies in the last decade have focused on how to cut costs by changing health behaviors and reducing health care consumption.

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—MICHAEL THOMPSON,  
PRESIDENT AND CEO,  
NATIONAL ALLIANCE



That approach doesn't work anymore, says Michael Thompson, president and CEO of the National Alliance of Healthcare Purchaser Coalitions (formerly, the National Business Coalition on Health).

Costs will continue to rise. PwC's Health Research Institute warns that the decade's slowing medical cost growth rate could start climbing again.<sup>1</sup> Such findings support what Thompson's been saying for more than a year: Current approaches—be they cost-sharing or out-of-the box wellness programs—may no longer effectively bend the curve. “I think we've started to hit the wall on how far we can shift costs.”

Two important changes need to happen. First, employers need to move from “check the box” employee wellness programs to the larger notion of employee well-being. Second, they need to pay attention to *both* the demand (employees) and supply (providers) sides of health. That means partnering with primary care.

### Broadening notions of health

Health involves far more than not being sick. The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>2</sup>

“We've reached a consensus that if we are going to improve health in the country and in the community, it has to be a 24/7 effort, and we need to look beyond the obvious to the broader social determinants of health that are influencing the health and well-being of our people,” he says. Employers need to stop looking at wellness programs as merely ways to cut costs.

Employers already know improving the health of their employee population can influence health care costs and productivity. But if they think less about costs and more about well-being, they quickly discover it leads to better engagement, improved loyalty and higher performance, he says. It's time to reframe wellness in terms of supporting workers' well-being, moving it from a disease or condition fix, or a health care issue, to a whole-person focus. “Ask yourself: Are you just trying to get them out of bed, or are you trying to help them be the best they can be?”

Focus on the latter, he says. Don't punish bad risk—start supporting people to improve well-being.

<sup>1</sup> PwC Medical Cost Trend Behind the Numbers 2017.  
<sup>2</sup> World Health Organization's definition of health

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No longer can health and well-being be relegated to the benefits staff or a wellness vendor. They need to be woven into the larger company culture and ultimately, Thompson says, coordinated with the community. “When we think about employee health, we need to think outside the programs in our benefit portfolio, and think more holistically around well-being within our organizations—linking with and supporting broader community health initiatives where our people live and work.” This can be as simple as providing bulletin boards (real or virtual) with opportunities for charity walks and volunteer activities. Encouraging employees to help build a Habitat for Humanity House supports the health of the community and builds morale.

Making the move from “checking off the wellness box” to sustainable employee engagement is not only the right thing to do: It’s where employers will see real return on investment, he says.

## Making the business case

Employees with high well-being are highly engaged in their work, he explains. Well-being and engagement are two sides of the same coin: Employers want engagement; employees want well-being. Give them what they want and you, the employer, will get what you want: highly engaged employees who tend to stay longer, to enjoy their work and to recommend their organization as a great place to work.<sup>3</sup>

As a framework, he points to Gallup-Healthways, which identified five essential elements of well-being:<sup>4</sup>

- **Purpose:** liking what you do each day and being motivated to achieve your goals
- **Social:** having supportive relationships and love in your life
- **Financial:** managing your economic life to reduce stress and increase security
- **Community:** liking where you live, feeling safe and having pride in your community
- **Physical:** having good health and enough energy to get things done daily.

Compared to those thriving in only the physical domain, those thriving in all five had 41 percent fewer unhealthy days. They were twice as likely to say they always adapt well to change, 65 percent less likely to be involved in a workplace accident and 81 percent less likely to look for a new job when the job market improves.

Wellness is a program, Thompson explains. Well-being is a strategy—a people strategy with improved health as a by-product, not as the primary focus. He cites several other bottom-line benefits for employers, including significant reductions in turnover and sick leave, increased profitability and productivity, and greater innovation.<sup>5</sup>

## Partnering with providers

Employers need to find supply-side-partners—providers, especially in primary care. “It’s incumbent upon us to find other ways that can control and manage costs and promote better value over time,” says Thompson. While it is important to focus on benefit plan design, it’s time to stop trying to squeeze ROI out of employees through cost sharing alone and start paying attention to *how care is delivered*.

Get behind options that reward value-based care,<sup>6</sup> and support and integrate those systems into the broader benefits strategy, he says. Create a workplace culture that supports the importance of prevention; partner with a delivery system that will actively work with you

3 Limeade Institute and Quantum Workplace 2016 Well-Being & Engagement Report, Oct. 2016

4 The Well-Being 5™—Gallup-Healthways Well-being Index—is a scientific survey instrument and reporting experience used to measure, report and track an individual’s well-being.

5 National Alliance Well-being Initiatives presentation citing data from Gallup, Hay Group, *Harvard Business Review and Forbes*, November 2016

6 Value-based approaches shift the care delivery focus from volume to outcomes, paying for the *value* of the services, not the amount

to manage your employees' chronic conditions and support workforce health and well-being.

Connecting with primary care is, well, *primary*. An integrated primary care strategy is a crucial part of any discussion of workforce well-being. Better access to primary care, for example, is strongly associated with improved outcomes and lower costs.<sup>7,8,9</sup> We also know that having a usual source of care improves health more effectively than simply having insurance.<sup>10</sup> An ongoing, trusted relationship with a primary care provider builds context and the patient's history—context that allows clinicians to see the bigger picture.<sup>11</sup>

The goal, he explains, is an integrated, whole-person approach that fosters health and promotes well-being—at work, at home and during visits to the doctor's office. That requires a delivery system that is a partner.

Monument Health CEO Stephanie Motter agrees: “By partnering with employers, we can create systems that are accountable throughout the continuum of care—all the touch points that the employee may encounter.”

What happens at the worksite, at home, in the community and in the clinic affects overall *health*. Connected factors—emotional and mental health, social and financial well-being, environmental factors, etc.—can't be addressed in isolation. That's one reason Monument Health works closely with employers *and* other providers in the community.

“It's naïve to think the physician alone is responsible for health,” says Motter. “Health happens everywhere.” A full-time employee generally spends eight hours sleeping, at least eight hours working. That translates to at least half of their waking hours at work.

7 How is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care. American College of Physicians (evidence review) 2008

8 Starfield B., et al. “Contribution of Primary Care to Health Systems and Health,” *Milbank Quarterly*, Sept. 2005

9 Pourat N., et al. “In California, Primary Care Continuity Was Associated With Reduced Emergency Department Use And Fewer Hospitalizations.” *Health Aff.* 2015 Jul 1;34(7)

10 Phillips RL, et al. “The Importance of Having Health Insurance and a Usual Source of Care.” Robert Graham Center 2004

11 2015 Health Care Value Forecast: Payers, purchasers and providers, August 2015 Primary Care Learning Network

## Seven tips for engaging employees in their own health

- 1. Walk the walk:** Programs with strong support from leaders—front-line managers and those in the C-suite—are far more likely to report substantial improvement in employee health risk and to show substantial improvement in medical cost trend.<sup>12</sup>
- 2. Make it convenient:** Create ways to make the healthy choice the easy choice. For example, keep healthy foods in vending machines. Ensure your stairs are well-lit to encourage use.
- 3. Identify leaders:** Identify health champions—employees who believe in the program and can encourage their peers to become involved.
- 4. Communicate wisely:** Talk to employees about health all year long. It can't just happen at open enrollment, and it can't just be about your health benefit plan design.<sup>13</sup> Consider doing a survey to find out the best way. Email? Intranet? Mail sent to the home?
- 5. Use benefit design to drive change:** Make the most attractive option the one that offers first-dollar benefits for prevention and screening and encourages a relationship with a primary care physician.
- 6. Encourage baby steps:** Don't ask people to drop 50 pounds and stop smoking. Ask them to walk five minutes a day and give up one cigarette a day.
- 7. Consider customization:** Many employees want to customize their benefits to fit individual lifestyles—to make it meaningful and relevant. Offer a menu of options you can support, and ask employees to create their own plan of action.

12 HERO 2012 Scorecard Annual Report

13 AON Hewett Consumer Health Mindset Study 2016

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**CEO, MONUMENT HEALTH**




Employers can also align with the delivery system by encouraging support for the delivery of primary care services—and for a relationship with a primary care provider. There is a demonstrable relationship between better access to primary care and improved outcomes and lower costs.

Put another way, the employer is the one who creates and fosters a workplace culture of health; the primary care

provider serves as a coach, manages chronic conditions to prevent escalation, offers programs and tools for self-management and partners with the employer in a number of ways.

It benefits neither the employees nor the bottom line to ignore half of that partnership, Thompson says.

Motter agrees: After decades of carve-outs and silos, it’s time to come together. It’s not just that the mind and the body have historically been treated separately; the *locus* of health has been splintered as well.

Monument Health is uniquely positioned to build the bridges and bulldoze the walls, she says. “We are neither a vendor nor a consumer. We are a champion for improving the health and well-being of the population in Mesa County and across Western Colorado.” 



**STEPHANIE MOTTER, MSN, RN**  
**CEO, MONUMENT HEALTH**

Stephanie Motter serves as chief executive officer of Monument Health. She previously served kidney care organization, DaVita, in the role of vice president, quality and clinical strategy, leading national teams around quality measurement, pay for performance, value-based care, and clinical program design and implementation. Motter earned her undergraduate degree in economics from Smith College and a master’s degree from Yale University. Her prior direct patient care experience as a nurse practitioner at Partners in Women’s Health in Denver, PMG Physician Associates, in Plymouth, Massachusetts and at Boston Healthcare for the Homeless in Boston allows her to contribute in depth and in breadth to the population health work she leads. She resides in Colorado’s Grand Valley with her family, where she enjoys the recreation of the mountains, skiing and RV camping. She also supports the important work of Grand Valley non-profit organizations, Back the Badge and the Grand Junction Symphony Orchestra.



**MICHAEL THOMPSON, PRESIDENT AND  
CEO OF THE NATIONAL ALLIANCE OF  
HEALTHCARE PURCHASER COALITIONS**

Michael Thompson is president and CEO of the National Alliance of Healthcare Purchaser Coalitions. A principal at PwC for the past 20 years, Thompson is a nationally recognized thought leader for business health strategies and health system reform. He has worked with major employers and other stakeholders on sustainable cost reduction, integrated health, wellness and consumerism, retiree health, private health exchanges and health reform. Known for developing and promoting collaborative cross-sector health industry initiatives, Thompson participated on the steering board of the World Economic Forum’s “Working towards Wellness” initiative and co-founded the Private Exchange Evaluation Collaborative. Prior to joining PwC, he served as an executive with Prudential Healthcare for over 17 years. Thompson is a Fellow of the Society of Actuaries, serving on the Health Practice Council, and chairs the Medicare Sub-Committee of the American Academy of Actuaries. He is also widely recognized as a leading national advocate for mental health.