

Validate. Educate. Connect.



Validate.

Independently verified results.



Educate.

Empowered health benefits
purchasing.



Connect.

Bringing healthcare purchasers
and solution providers together.



ValidationInstitute

Certified Outcomes Report Analysis (CORA)

Learn to distinguish between high-value and low-value healthcare programs/services by analyzing outcome and performance claims:

- Four self-paced modules (30 minutes total) give you the tools to make more informed, value-based purchasing decisions
- Discover key terms and concepts critical to program design and results measurement
- Printable checklist used alongside real-life application examples
- Designed for easy and immediate implementation
- **SHRM-approved** for professional development



ValidationInstitute



Wellness Program Alert

How to Avoid Getting Sued Like Yale

Free Webinar

September 4, 2019

Wednesday | 2PM ET



Speaker:



Al Lewis
Senior Advisor
Validation Institute and
CEO, Quizzify Inc.

Host:



RD Whitney
CEO
Validation Institute

Presented by:



ValidationInstitute



How to Avoid Getting Sued Like Yale



Presented by:

AI Lewis

**Senior Advisor, Validation Institute
and CEO, Quizzify Inc.**

AI Lewis is widely considered the country's leading expert on wellness outcomes measurement, through his authorship of the seminal textbooks 'Why Nobody Believes the Numbers' and (with Tom Emerick) 'Cracking Health Costs', and the downloadable 'Outcomes, Economics and Ethics of the Workplace Wellness Industry'.



WISER EMPLOYEES
MAKE HEALTHIER DECISIONS





This webinar does not constitute legal advice

The best legal advice is to have your in-house counsel review this presentation and then give you legal advice.



CBS





Avoiding Yale's Fate

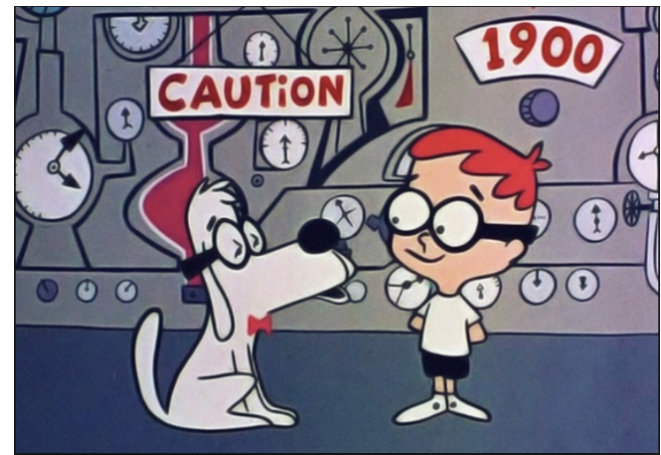
- **Background on EEOC rules and liability risk of wellness programs**
- What Yale did
- What Yale didn't do
- What Yale should have done
- Avoiding all Yale's mistakes...and a lawsuit
- What you should do





The “Voluntary” incentive/penalty rules Yale likely breached

- **A December 2017 court decision ruled that clinically based wellness programs must be “voluntary” as the dictionary defines it** starting in 2019, vacating the previous Safe Harbor allowing 30% incentives/penalties for “voluntary” programs.
- **EEOC originally promised rules by August 2018.** Now it will be likely be 2020. Hence there is no “Safe Harbor” now.





Why no rules until 2020 or 2021?

The EEOC announced that they will not issue a “notice of proposed rulemaking” for new wellness rules until ~~January 2019~~ ~~June 2019~~
December 2019.

- Making rules is a multistep process that takes months or years
- Key positions at EEOC just filled
- Proposed rules in December 2019 go through a comments-and-revisions period...
- ...New rules may not be in force until late 2020 or 2021





What are the rules now?

No rules apply now...and likely will not for another year:

- **“Safe Harbors”** where employees can’t sue, are limited to:
 - Offering non-medical alternatives to screening
 - Or dispensing with penalties/incentives for screenings/HRAs.
 - Modest incentives like gift cards are OK
- **You could get sued, like Yale did**
 - Under EEOC if an employee claims large penalties/incentives violate their ADA or GINA rights - and there are other exposures as well.





Other causes of action generated by wellness programs

ADA/GINA

Violations due to involuntarily high penalties or HDHPs with large “incentives”

ADA

In outcomes-based programs, age and gender discrimination because the outcomes goals don't vary by age, but penalties are much more likely to be [assessed on older](#), especially [female, employees](#) who have a harder time losing weight.

ACA

Most of these programs can easily be shown not to be “reasonably designed to reduce risk or prevent disease,” since most violate clinical guidelines [and some even make employees fatter.](#)

ERISA

Assuming it can be shown you know that these programs lose money and [harm employees](#), (in other words, assuming it can be shown you have access to the internet), it violates the provision of holding these assets in trust for the benefit of employees.



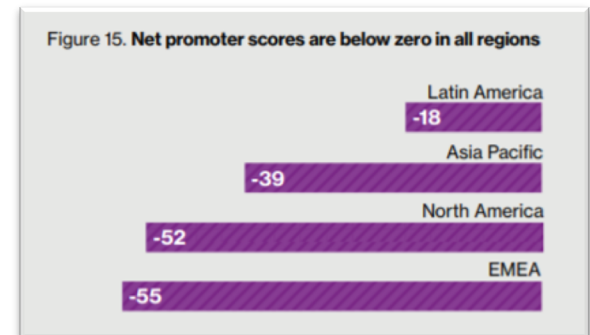


What is your liability risk?

“Pry, poke and prod” wellness is still perfectly legal but ...
there are four reasons you might consider this an unacceptable risk:

1. **Plaintiff attorneys read trade publications** to learn about new potential lawsuits.
2. **The PR/morale impact from wellness disputes** is *always* negative ([remember Penn State](#) or Yale).
3. **A WillisTowersWatson survey [reveals](#) strong employee disdain** for clinical wellness programs, with record-low Net Promoter Score of -52.

And, #4 ...

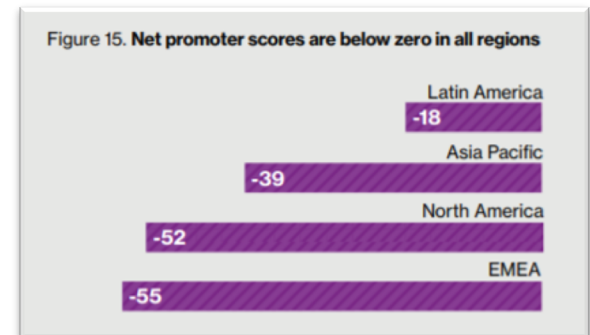




What is your liability risk?

“Pry, poke and prod” wellness is still perfectly legal but ...
there are four reasons you might consider this an unacceptable risk:

1. **Plaintiff attorneys read trade publications** to learn about new potential lawsuits.
2. **The PR/morale impact from wellness disputes** is *always* negative ([remember Penn State](#) or Yale).
3. **A WillisTowersWatson survey [reveals](#) strong employee disdain** for clinical wellness programs, with record-low Net Promoter Score of -52.
4. **West Virginia teachers struck partly over wellness**





Avoiding Yale's Fate

- Background on EEOC rules and liability risk of wellness programs
- **What Yale did**
- What Yale didn't do
- What Yale should have done
- Avoiding all Yale's mistakes...and a lawsuit
- What you should do





What happened at Yale?

- 5000+ unionized employees got to “choose” between being screened and then were probably “coached”... or losing \$1300
- AARP Foundation Litigation filed Complaint saying:
“The weekly penalty imposed by Yale has a coercive effect on its employees, forcing them to either pay a fine to protect their civil rights or participate in a wellness program against their will. That is a violation of the ADA and GINA.”
- Union claims PHI is being shared
- The complaint lists many abuses



Program adheres closely to USPSTF guidelines

Health Care Requirements

Healthcare Services	Age 21 – 29	30 – 39	40 – 49	50 – 64	65+
Primary Care Visit with PCP	WITHIN ONE YEAR OF ENROLLMENT (after 1/1/2017) AND WITHIN PAST 3 YEARS		WITHIN ONE YEAR OF ENROLLMENT (after 1/1/2017) AND WITHIN PAST 2 YEARS		
Cholesterol Screening (Lipid)			LIPID PANEL WITHIN PAST 5 YEARS		
Diabetes Screening (Glucose)			FASTING BLOOD GLUCOSE OR HEMOGLOBIN A1C OR GLUCOSE TOLERANCE TEST WITHIN PAST 5 YEARS		
Breast Cancer Screening (Mammogram)				WITHIN PAST 2 YEARS	
Cervical Cancer Screening (PAP Smear)	WITHIN PAST 3 YEARS	<ul style="list-style-type: none">• WITHIN PAST 3 YEARS WITHOUT DOCUMENTED HPV NEGATIVE STATUS• WITHIN PAST 5 YEARS WITH DOCUMENTED HPV NEGATIVE STATUS			
Colorectal Cancer Screening				COLONOSCOPY WITHIN PAST 10 YEARS OR FIT/FOBT WITHIN PAST 1 YEAR	
Pneumococcal Vaccine					AT LEAST ONCE AFTER AGE 65





Yale employees' info is NOT HIPAA-protected, with data being shared

- **Employees and spouses must sign a waiver** stating:
“My PHI [Personal Health Information] may be used or disclosed by Trestle Tree. I also understand that the information disclosed under this authorization may no longer be subject to HIPAA privacy rules.”
- HealthMine alleged to access and transfer employees' and their spouses' insurance claims data to Trestle Tree **even when employees do not participate or refuse to sign the HIPAA waiver.**
- **Using a vendor that is NOT a carrier means HIPAA protection is not assured**





How Yale turned lemonade into a lemon

- **Forced coaching** by Trestle Tree if your scores aren't very good
- You **must consult with your coach** 3 times a year or get fined
- The health coach asks about the **employee's and spouse's physical health** (including weight) and **mental health**.
- According to one union member, if the health coach “does not get the ‘**right**’ **answer** to his or her questions, they harass individuals with information and suggestions”.
- ***Much of the “information and suggestions” is likely controversial or even wrong.***





In milk, whole is the new skim

How
Skim
Milk
Makes
You



F
A
T

CBS NEWS | May 19, 2017, 3:05 PM

Full-fat dairy products may offer surprising health benefits

TIME

Skim Milk Is Healthier Than Whole Milk, Right? Maybe Not





Most wellness vendors have not caught up with the research yet

How can you make healthier choices?

Use the following chart as a guide.

Options for replacing unhealthy fats		
Food group	Limit foods that are high in unhealthy fats	Make healthier choices
Meat, poultry, and fish	Regular ground beef, fatty or highly marbled cuts, spare ribs, organ meat, poultry with skin, fried chicken, fried fish, fried shellfish, lunch meat, bologna, salami, sausage, hot dogs	Extra-lean ground beef (97% lean), ground turkey breast (without skin added), meats with fat trimmed off before cooking, skinless chicken, low-fat or fat-free lunch meats, baked fish
Dairy products	Whole milk and 2% milk; whole-milk yogurt, most cheeses, and cream cheese; whole-milk cottage cheese, sour cream, and ice cream; cream; half-and-half; whipping cream; nondairy creamer; whipped topping	Low-fat (1%) or fat-free milk and cheeses, <u>low-fat or nonfat yogurt</u>





The “winner” for abusing Yale employees:

The quote from the Complaint:

“Female participants over age 50 [must] undergo a mammogram.”

- *Christine previously underwent a double mastectomy when battling cancer and therefore **could not comply**.*



The “winner” for abusing Yale employees:

The quote from the Complaint:

“Female participants over age 50 [must] undergo a mammogram.”

- *Christine previously underwent a double mastectomy when battling cancer and therefore **could not comply**.*
- *Yet a [vendor] representative contacted Christine several times, and told her she **would be held in non-compliance** and charged the \$25 per week fine **if she did not get one***



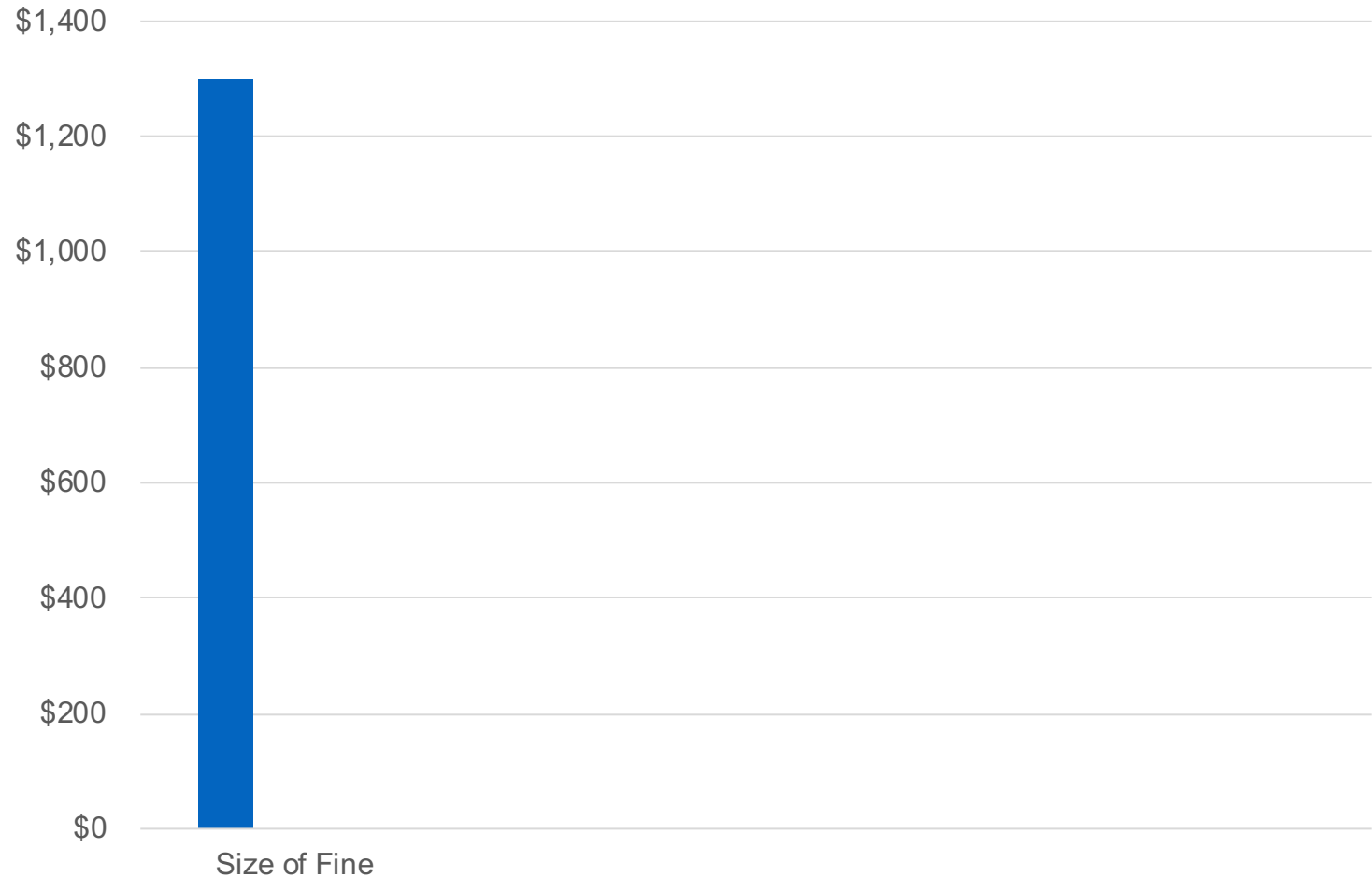
Avoiding Yale's Fate

- Background on EEOC rules and legal risk of wellness programs
- What Yale did
- **What Yale didn't do**
- What Yale should have done
- Avoiding all Yale's mistakes...and a lawsuit
- What you should do





What Yale didn't do: Arithmetic





The fine, compared to the total hospital spending

1.	470	Major joint replacement or reattachment of lower extremity w/o mcc
2.	775	Vaginal delivery w/o complicating diagnoses
3.	460	Spinal fusion except cervical w/o mcc
4.	3	Ecmo or trach w mv 96+ hrs or pdx exc face, mouth & neck w maj O.R.
5.	790	Extreme immaturity or respiratory distress syndrome, neonate
6.	766	Cesarean section w/o cc/mcc
7.	247	Perc cardiovasc proc w drug-eluting stent w/o mcc
8.	885	Psychoses
9.	765	Cesarean section w cc/mcc
10.	871	Septicemia or severe sepsis w/o mv 96+ hours w mcc
11.	795	Normal newborn
12.	392	Esophagitis, gastroent & misc digest disorders w/o mcc
13.	330	Major small & large bowel procedures w cc
14.	743	Uterine & adnexa proc for non-malignancy w/o cc/mcc
15.	621	O.R. procedures for obesity w/o cc/mcc
16.	473	Cervical spinal fusion w/o cc/mcc
17.	853	Infectious & parasitic diseases w O.R. procedure w mcc
18.	945	Rehabilitation w cc/mcc
19.	329	Major small & large bowel procedures w mcc
20.	791	Prematurity w major problems
21.	4	Trach w mv 96+ hrs or pdx exc face, mouth & neck w/o maj O.R.
22.	774	Vaginal delivery w complicating diagnoses
23.	25	Craniotomy & endovascular intracranial procedures w mcc
24.	793	Full term neonate w major problems
25.	234	Coronary bypass w cardiac cath w/o mcc





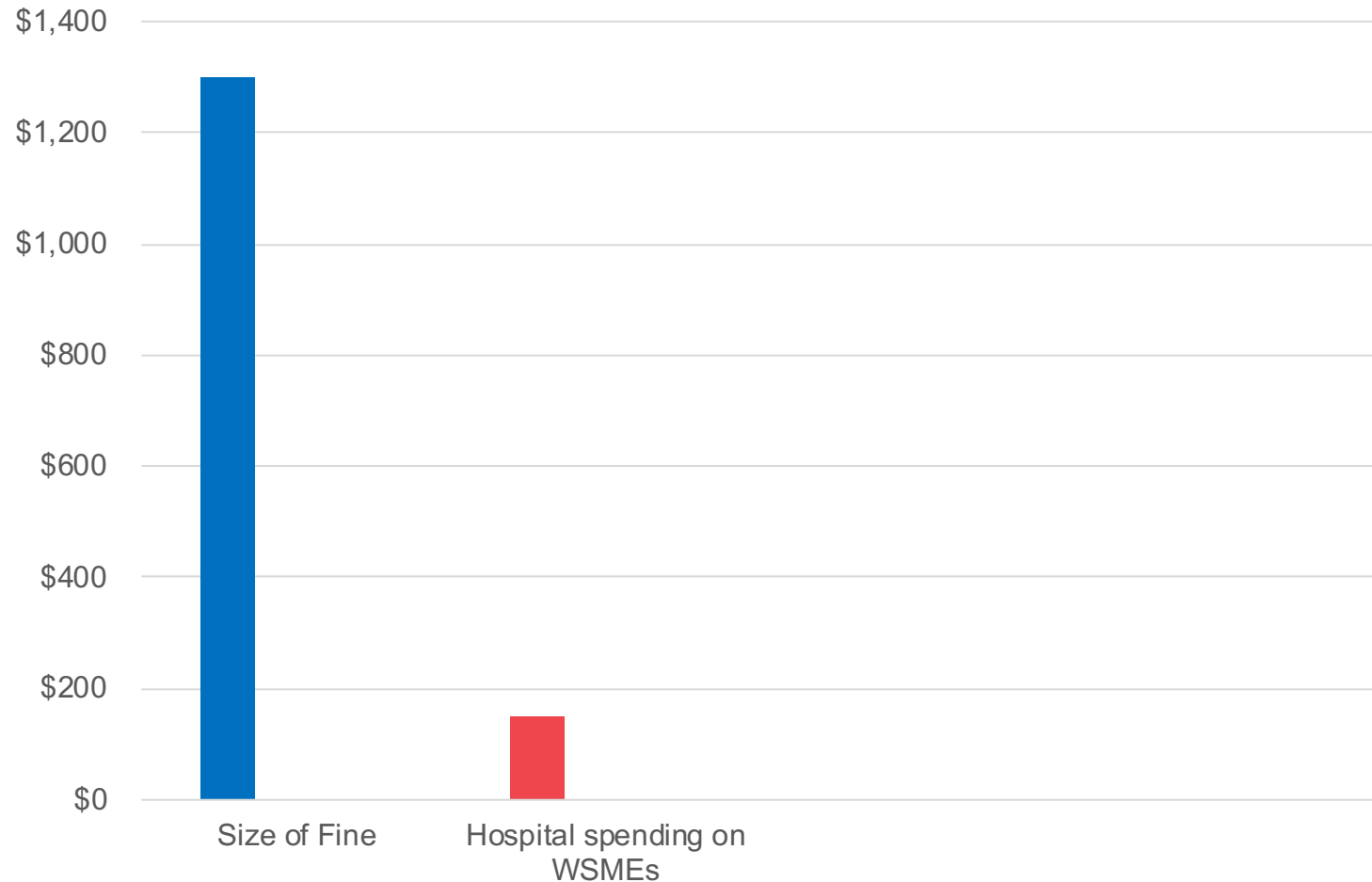
11 of the top 25 are MSK or birth events ...but Yale ignored them

→	1.	470	Major joint replacement or reattachment of lower extremity w/o mcc
→	2.	775	Vaginal delivery w/o complicating diagnoses
→	3.	460	Spinal fusion except cervical w/o mcc
→	4.	3	Ecmo or trach w mv 96+ hrs or pdx exc face, mouth & neck w maj O.R.
→	5.	790	Extreme immaturity or respiratory distress syndrome, neonate
→	6.	766	Cesarean section w/o cc/mcc
	7.	247	Perc cardiovasc proc w drug-eluting stent w/o mcc
	8.	885	Psychoses
→	9.	765	Cesarean section w cc/mcc
	10.	871	Septicemia or severe sepsis w/o mv 96+ hours w mcc
→	11.	795	Normal newborn
	12.	392	Esophagitis, gastroent & misc digest disorders w/o mcc
	13.	330	Major small & large bowel procedures w cc
	14.	743	Uterine & adnexa proc for non-malignancy w/o cc/mcc
→	15.	621	O.R. procedures for obesity w/o cc/mcc
	16.	473	Cervical spinal fusion w/o cc/mcc
	17.	853	Infectious & parasitic diseases w O.R. procedure w mcc
	18.	945	Rehabilitation w cc/mcc
	19.	329	Major small & large bowel procedures w mcc
→	20.	791	Prematurity w major problems
→	21.	4	Trach w mv 96+ hrs or pdx exc face, mouth & neck w/o maj O.R.
→	22.	774	Vaginal delivery w complicating diagnoses
→	23.	25	Craniotomy & endovascular intracranial procedures w mcc
→	24.	793	Full term neonate w major problems
	25.	234	Coronary bypass w cardiac cath w/o mcc



What Yale didn't do: arithmetic

Total spending on wellness-sensitive medical events





Yale didn't read the literature on savings from chronic disease

- Best-case scenario is the Health Enhancement Research Organization (HERO) estimate of savings

Program Measurement and Evaluation Guide:

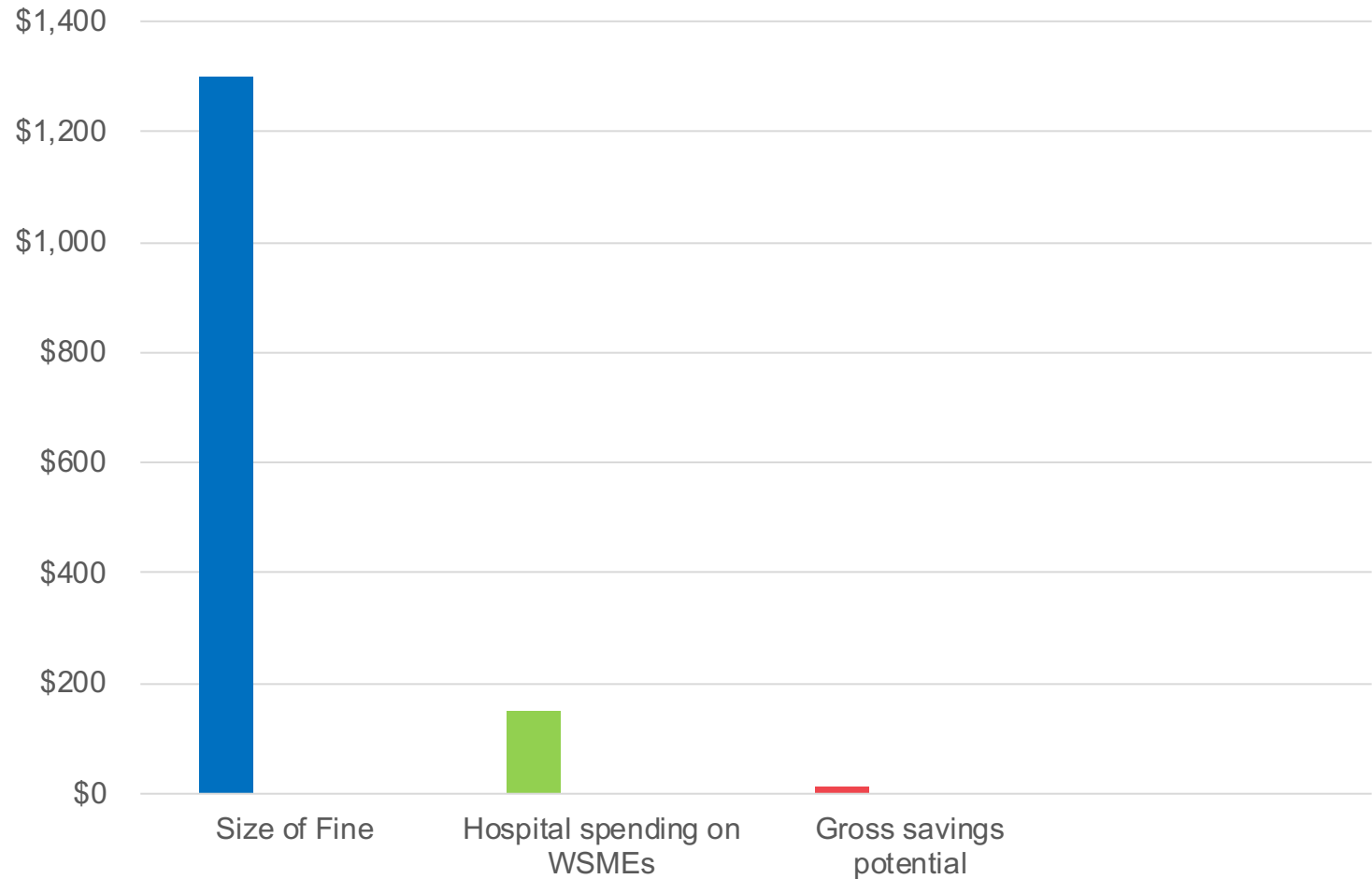
Core Metrics for Employee Health Management

- HERO claims \$0.99/month in savings before fees

Savings estimation	
Trend: PPH	-17%
Trend: All-cause except PPH	-2%
Saved PPH/K	0.53
Saved PPH for population	9.26
Weighted cost/PPH	\$22,500
Saved PPH cost	\$208,393
Saved PPH cost PMPM	\$0.99

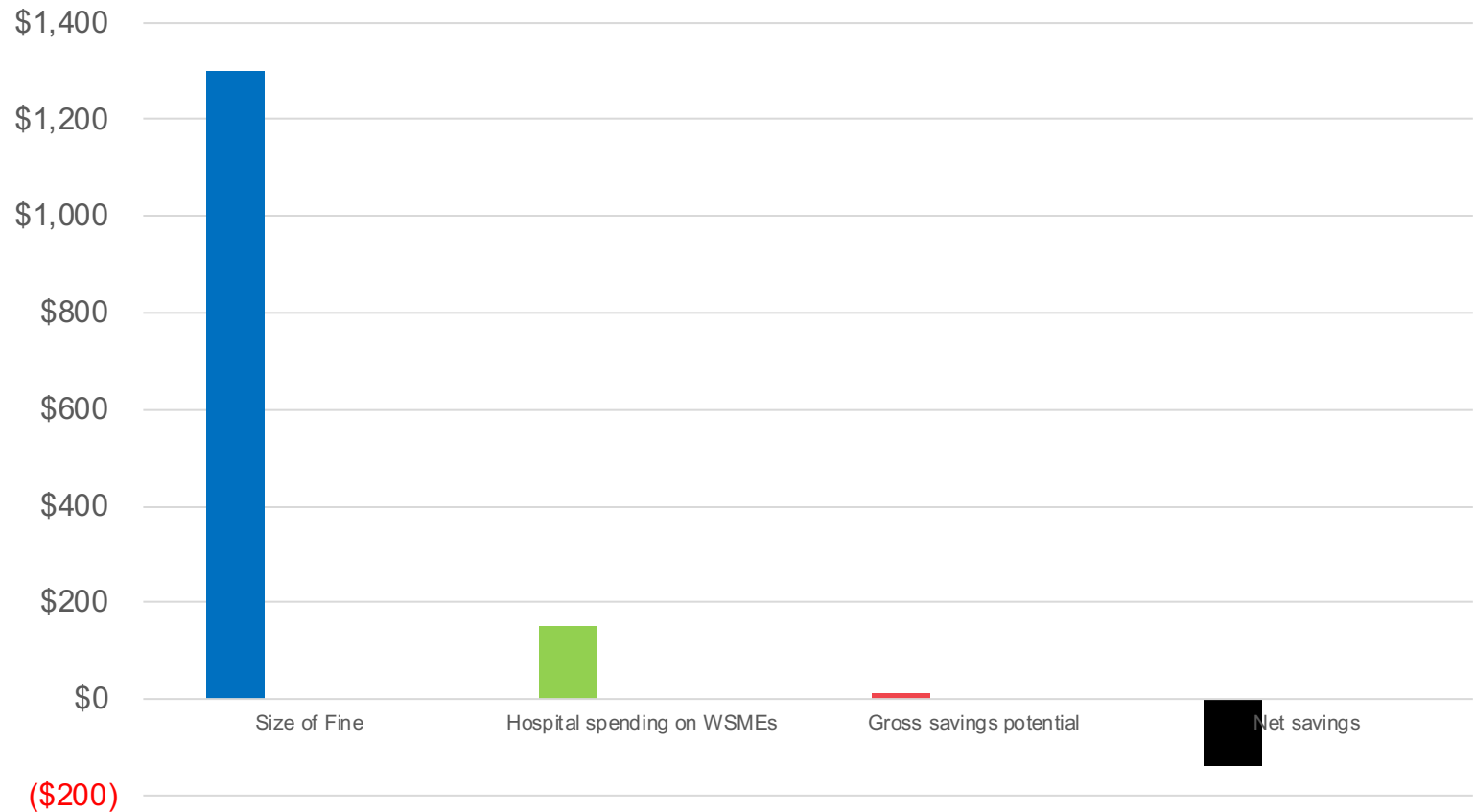


Comparing fines to HERO estimates





Comparing fines to HERO estimates: Net savings after program costs





Conclusions

- Yale would make much more money off their employees in fines if none of them complied vs. if they all did.
- This is a fairly common strategy – make a program so onerous that employees prefer to lose money so that you can “save” it.

The Bravo Difference

Provides you options for immediate employer cost savings.





Avoiding Yale's Fate

- Background on EEOC rules and legal risk of wellness programs
- What Yale did
- What Yale didn't do
- **What Yale should have done**
- Avoiding all Yale's mistakes...and a lawsuit
- What you should do





What Yale should have done:

- **Not let themselves get snookered by vendors and consultants**
- Forced “Pry, poke and prod” programs lose money...
- ...That’s why no one has claimed [the \\$3 million reward for showing they save money](#)
- The last 11 studies in a row [have shown zero results](#) in “moving the needle” on health...and hence zero savings.
- **Yale should have read them**





A summary of the last 11 studies

<i>Published report</i>	<i>Key finding</i>
National Bureau of Economic Research (2018) and BJ's Wholesale Club	<u>No improvement</u> in behaviors, risks, <u>costs in either study</u>
C. Everett Koop Award (2016)	" <u>Best program</u> " <u>showed harms</u> to employees and lost money
C. Everett Koop Award (2015)	" <u>Best program</u> " <u>caused weight gain</u> . No risk reduction.
C. Everett Koop Award (2014)	" <u>Best program</u> " <u>reduced risks on 186 out of 20,000 employees</u> and had to walk back its biggest claim (saving the lives of 514 state employees with cancer)
C. Everett Koop Award (2012)	<u>Difference in outcomes admitted to be 100% attributable</u> to participants-vs-non-participants study design
Deb Lerner, JOEM (2013)	<0.1% of <u>articles showing savings were</u> "of sufficient quality to be considered evidentiary."
Connecticut, <i>Health Affairs</i> (2016)	<u>Costs increased. No risk reduction</u>
Vitality Group, own employees (2016)	<u>Weight increased and eating habits</u> deteriorated
Health Enhancement Research Organization (2015)	<u>Gross savings \$0.99 PEPM</u> BEFORE taking program costs and other costs into account
Pepsico, <i>Health Affairs</i> , Rand (2015)	<u>Cost reduction entirely attributable to disease management</u> . Wellness saved \$0.33 (gross) for every dollar spent.



How Yale got snookered into thinking they were saving money

A

Measuring on participants and ignoring dropouts and non-participants

B

Counting only people with high risk at the beginning of the period

C

Comparison to “trend”


D

They don't attribute savings to reduction in risk



How Yale got snookered

(one or more – we're not sure exactly which)

 A	Measuring on participants and ignoring dropouts and non-participants
B	Counting only people with high risk at the beginning of the period
C	Comparison to “trend”
D	They don't attribute savings to reduction in risk



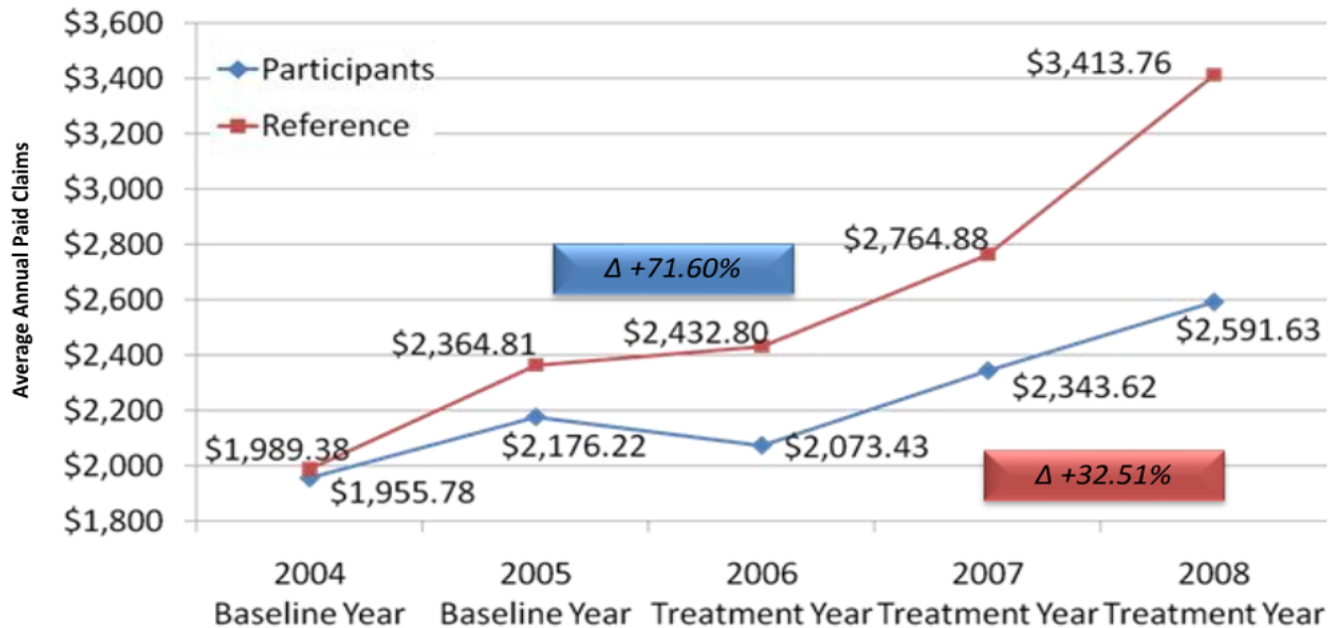


Participants always outperform non-participants

Total Savings

PMPY savings: \$460

ROI: 3.2



INTEGRATED CARE
SUMMIT
OCT 13-14
2010 Washington, DC

21





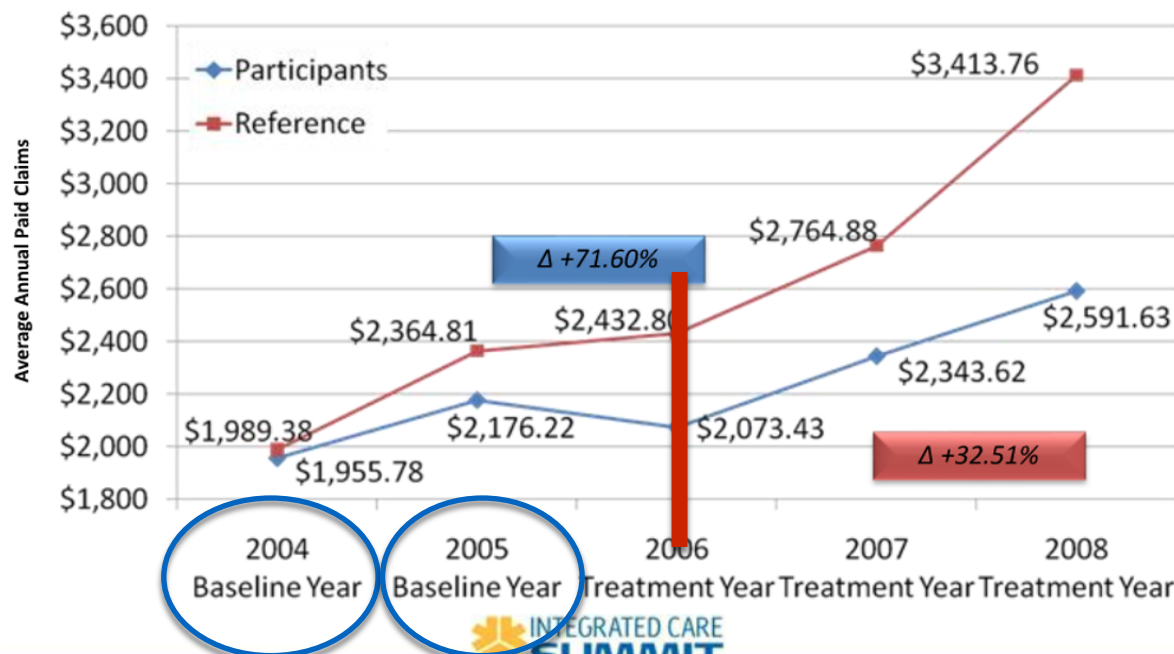
Participants outperform non-participants even if there is not a program to participate in

This award-winning program showed 20% savings before it even existed

Total Savings

PMPY savings: \$460

ROI: 3.2



INTEGRATED CARE
SUMMIT
Oct 13-14
2010 Washington, DC

21





A classic story:

The vendor won a Koop Award but the Koop Award Committee tried unsuccessfully to walk the slide back.

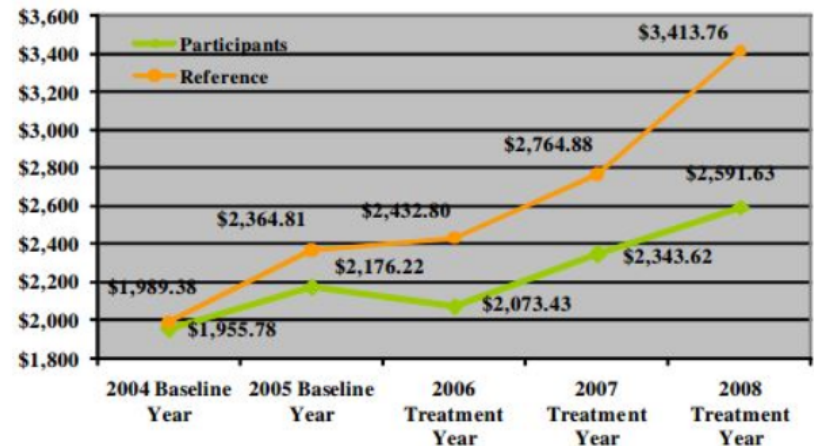
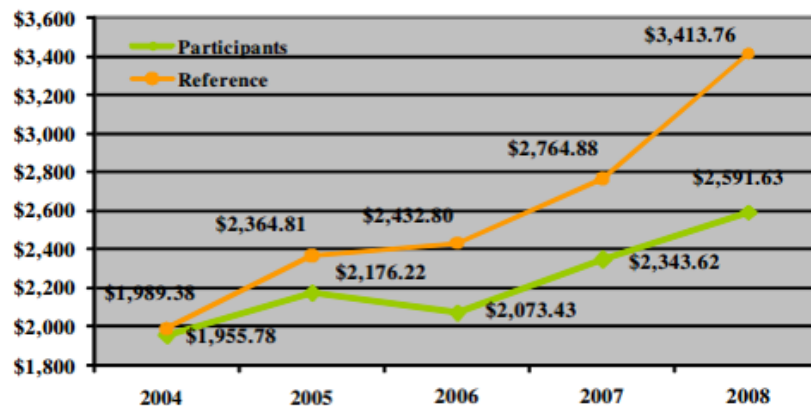
"It was unfortunately mislabeled and is corrected now."

-Ron Goetzel

Oops. Looks like it was labeled correctly in the first place!

(accurate slide now restored to Koop website)

Figure 6. ROI Analysis Summary Results





Here's how Yale got snookered

A

Measuring on participants and ignoring dropouts and non-participants



B

Counting only people with high risk at the beginning of the period

C

Comparison to “trend”

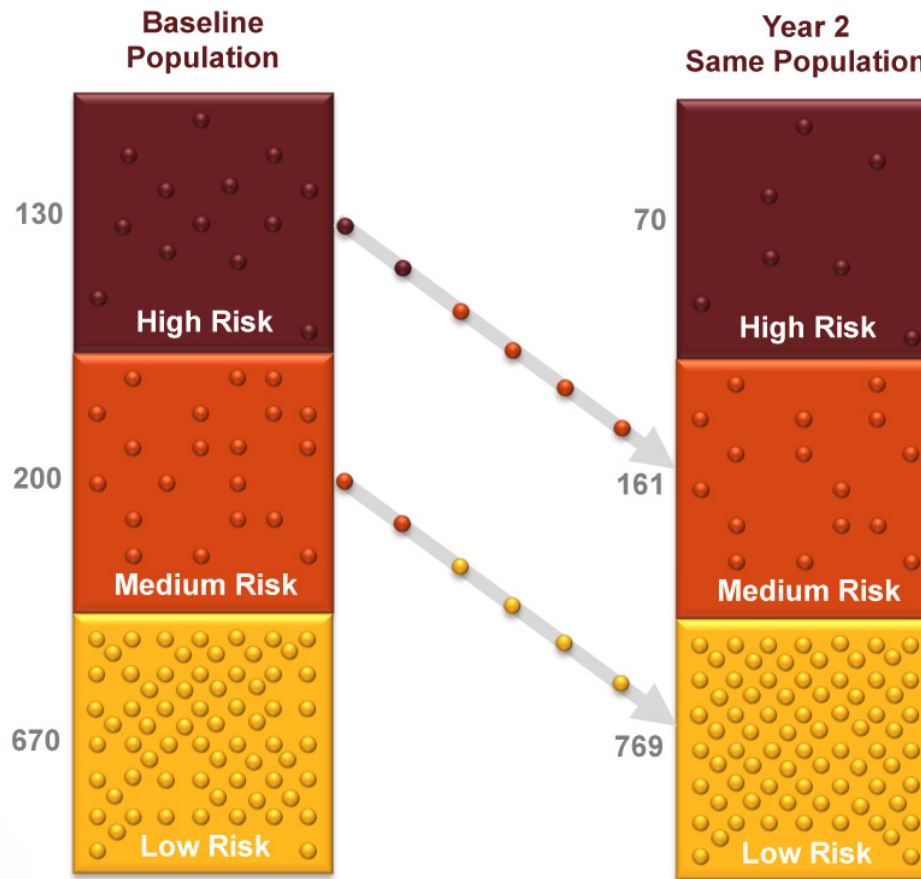
D

Don't attribute savings to reduction in risk



Here's what happens when you measure only people with risk factors like high Hba1c

One vendor guarantees that 30% of High and Medium Risk will decline in risk:





Example of this methodology:

Smoking Cessation





Smoking hypothetical

Suppose everyone in your organization smokes and quits in alternate years, and that smoking is the only risk factor:

- Only smokers are high-risk
- So the 50% of the workforce smokes every year, but it's a different 50%





Smoking hypothetical

Suppose everyone in your organization smokes and quits in alternate years, and that smoking is the only risk factor:

- Only smokers are high-risk
- So the 50% of the workforce smokes every year, but it's a different 50%



**This methodology would find a 100% reduction
Every year even though the smoking rate remains unchanged.**

This is a classic example of obfuscating the “natural flow of risk.”
Let's look at a vendor which showed the natural flow.

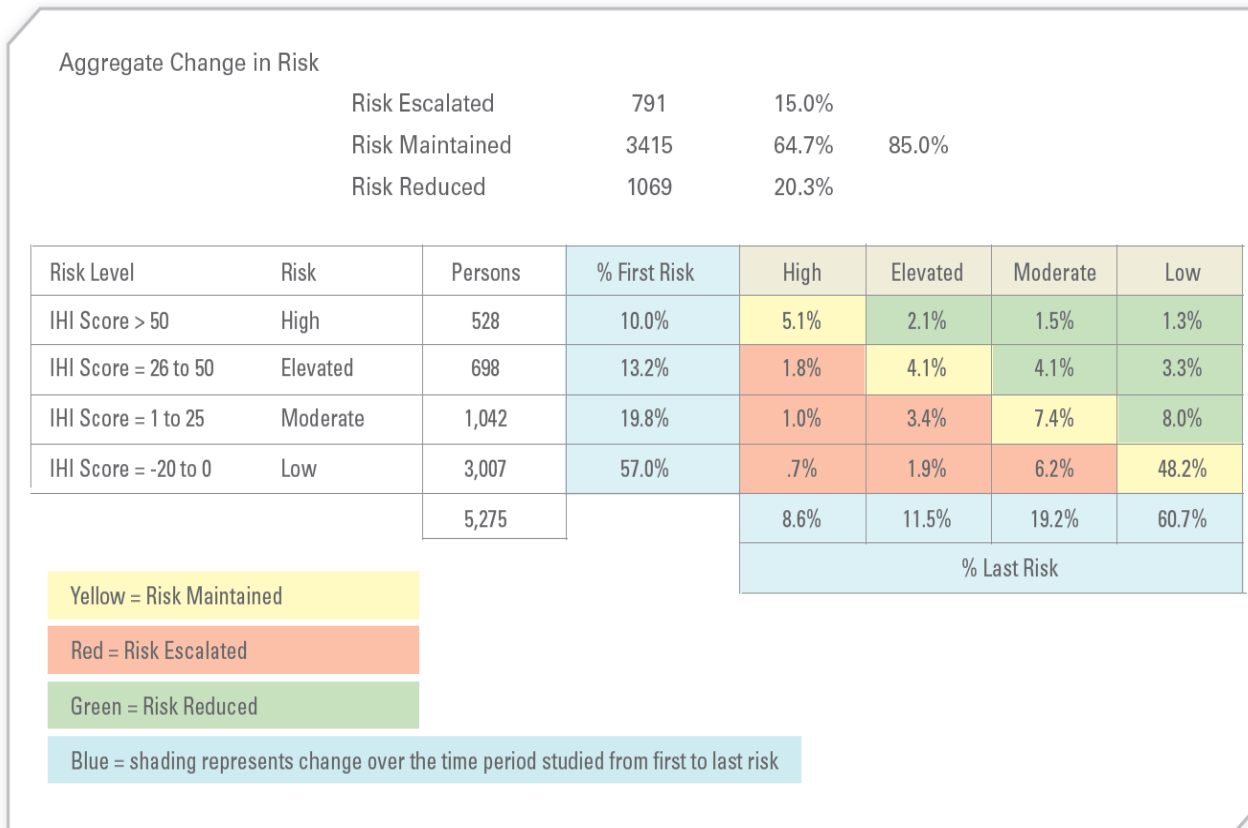


Watch the natural flow on this chart

(Interactive Health stopped showing this chart, so you know it's right)

Figure 4: Aggregate Change in Risk

This chart compares the first and last health evaluations for each employee and spouse in the Study Group. The data indicates that Interactive Health programs positively impacted the Study Group with 85% of the members maintaining or reducing their health risk.

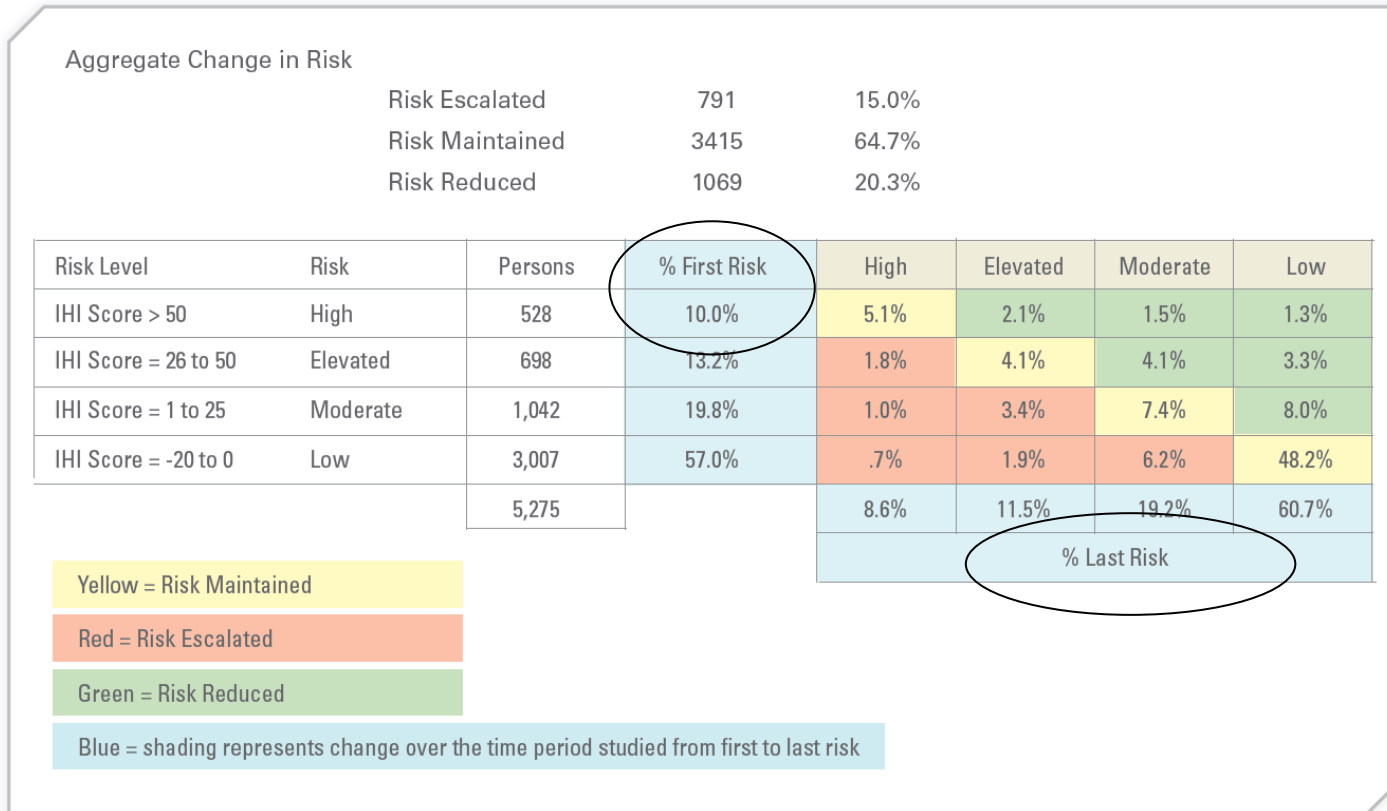




Compare the “First Risk” to the “Last Risk”

Figure 4: Aggregate Change in Risk

This chart compares the first and last health evaluations for each employee and spouse in the Study Group. The data indicates that Interactive Health programs positively impacted the Study Group with 85% of the members maintaining or reducing their health risk.

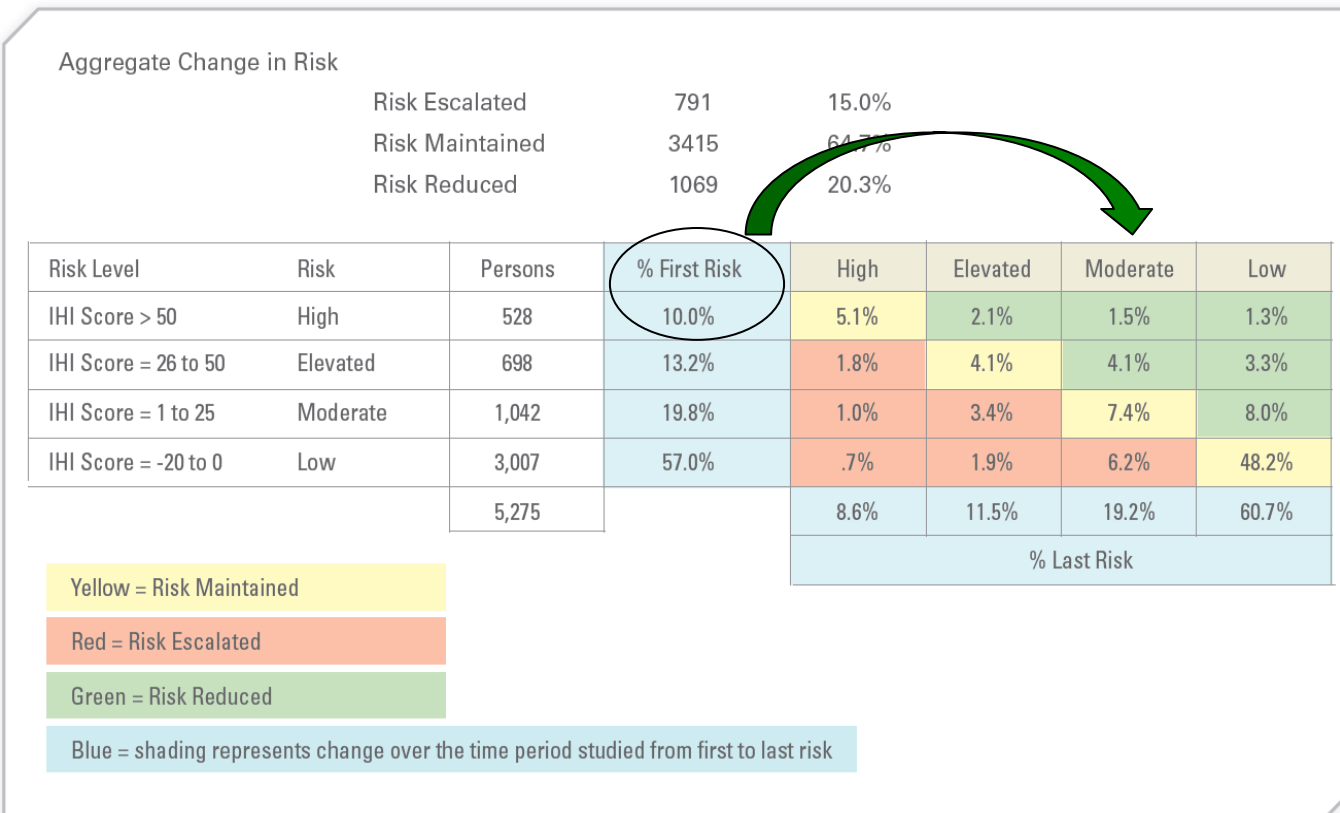




Half the high-risk people (5%) decline in risk

Figure 4: Aggregate Change in Risk

This chart compares the first and last health evaluations for each employee and spouse in the Study Group. The data indicates that Interactive Health programs positively impacted the Study Group with 85% of the members maintaining or reducing their health risk.

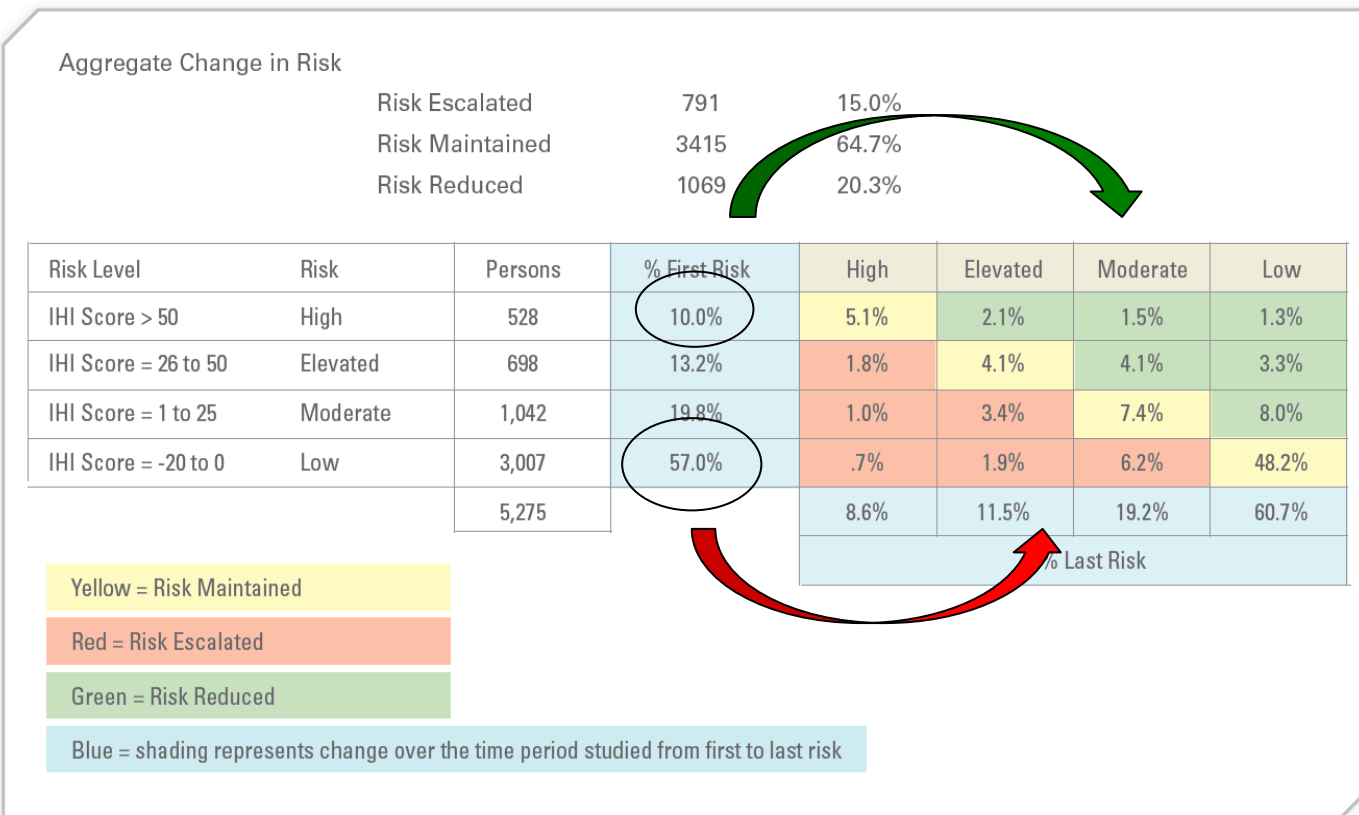




While 9 percentage points were low risk, and increased

Figure 4: Aggregate Change in Risk

This chart compares the first and last health evaluations for each employee and spouse in the Study Group. The data indicates that Interactive Health programs positively impacted the Study Group with 85% of the members maintaining or reducing their health risk.

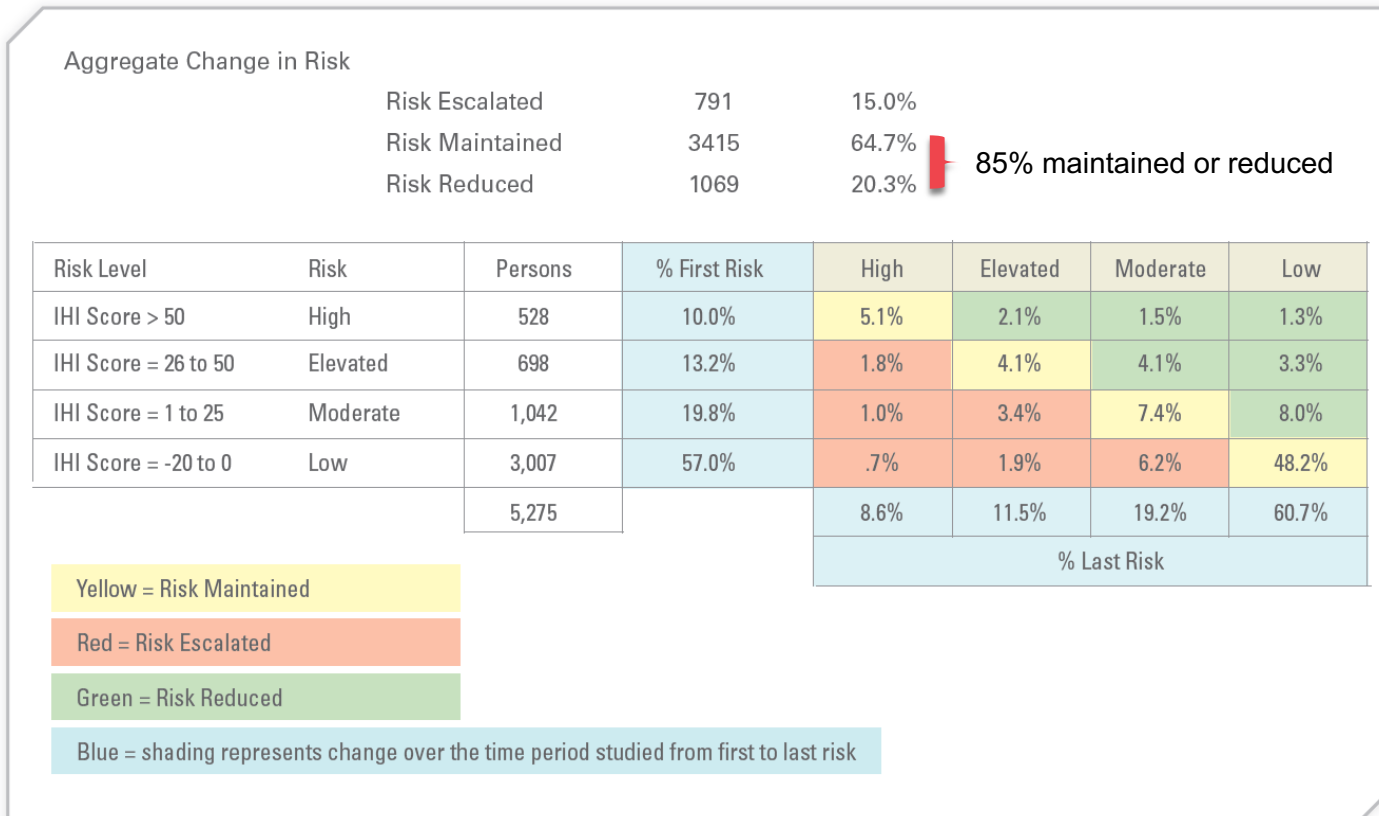




Watch the natural flow on this chart

Figure 4: Aggregate Change in Risk

This chart compares the first and last health evaluations for each employee and spouse in the Study Group. The data indicates that Interactive Health programs positively impacted the Study Group with 85% of the members maintaining or reducing their health risk.

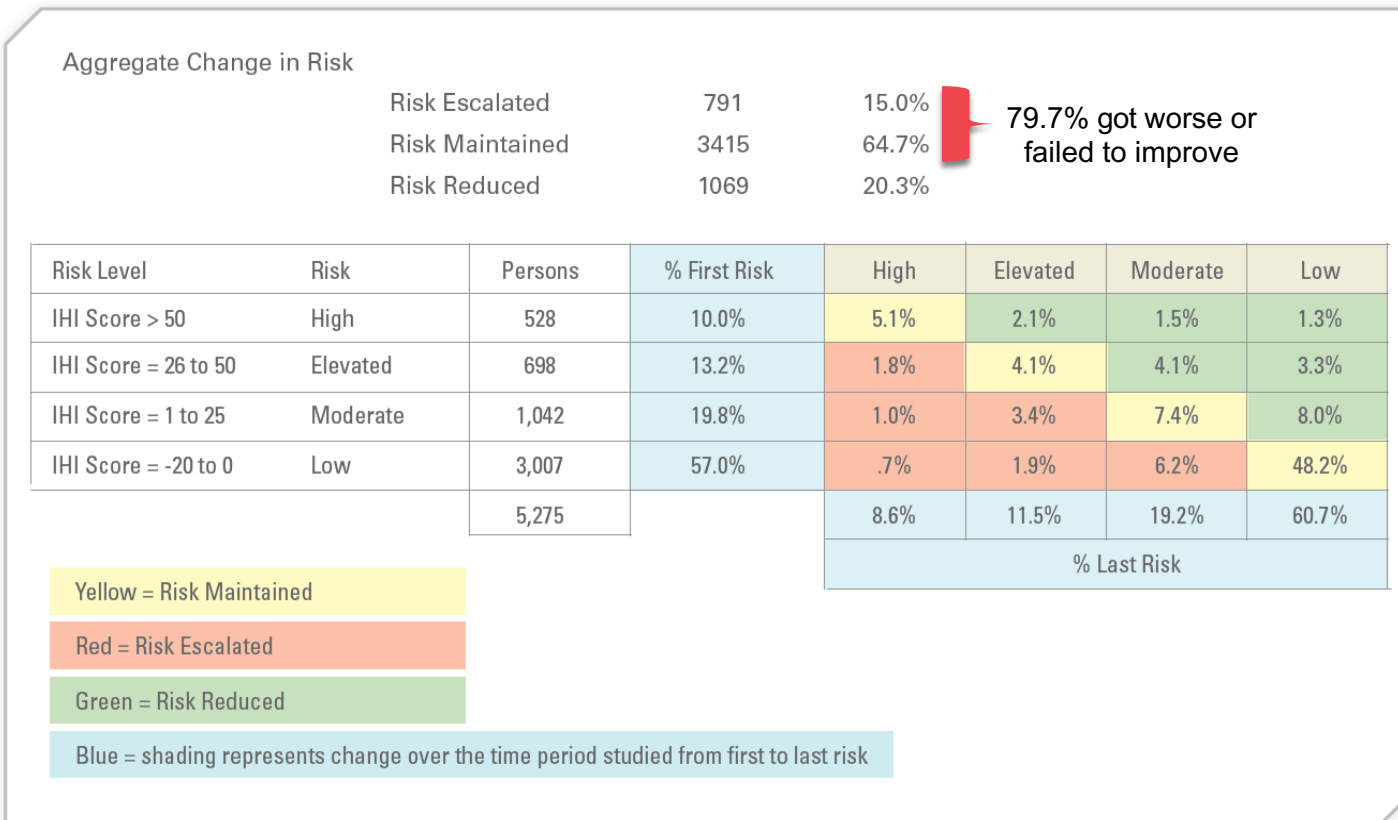




Watch the natural flow on this chart

Figure 4: Aggregate Change in Risk

This chart compares the first and last health evaluations for each employee and spouse in the Study Group. The data indicates that Interactive Health programs positively impacted the Study Group with 85% of the members maintaining or reducing their health risk.





You've already learned some tricks Yale didn't know.

These are Optum's proposed metrics, almost verbatim:

A performance guarantee about risk change can be based on either of three options:

1. ***At least X% of those who were at medium or high risk move to a lower risk status*** (e.g., high to medium, high to moderate or low, or moderate to low).
2. Alternatively, ***the performance guarantee could be based upon how high the difference is*** between the people who improve risk vs those who do not. The ***percent*** of HRA completers who increase risk should be lower than the ***percent*** who decrease risk.
3. Similar to 1 and 2, but ***only for those who participate in wellness coaching.***

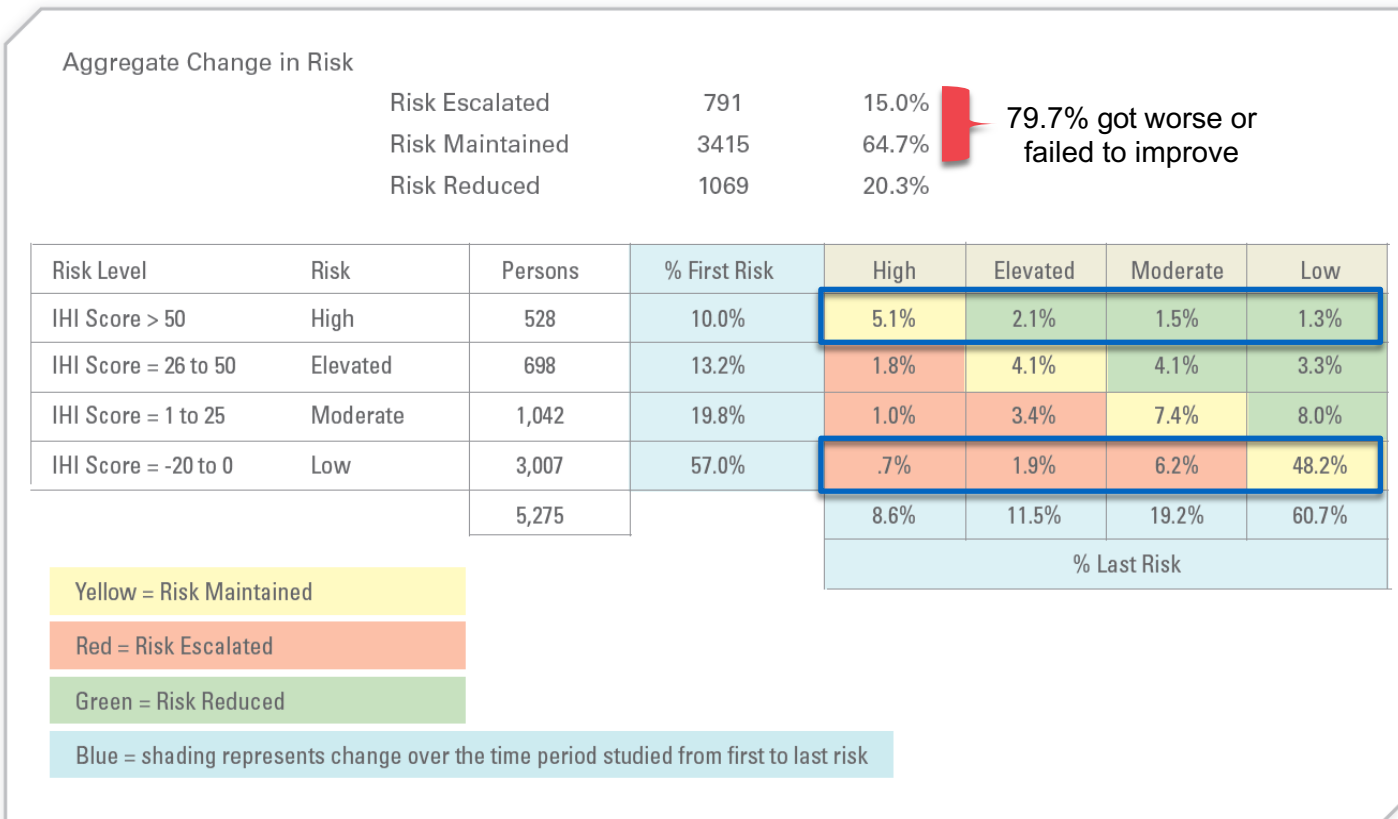




49% of high-risk people declined while only 15% of low-risk people got worse...but vastly more people got worse

Figure 4: Aggregate Change in Risk

This chart compares the first and last health evaluations for each employee and spouse in the Study Group. The data indicates that Interactive Health programs positively impacted the Study Group with 85% of the members maintaining or reducing their health risk.





Here's how Yale got snookered

A

Measuring on participants and ignoring dropouts and non-participants

B

Counting only people with high risk at the beginning of the period

C

Comparison to “Trend”

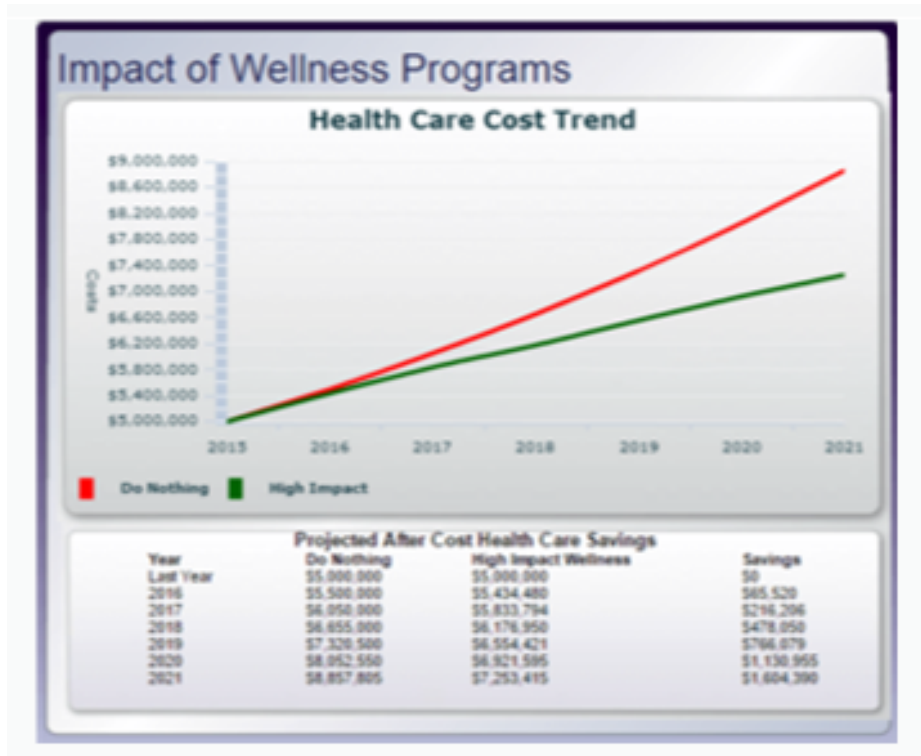
D

Don't attribute savings to reduction in risk.



Wellsteps:


A classic example of comparison to trend:





A classic comparison-to-trend fallacy

DFW Airport's Wellness Program Saved \$6 Million in Four Years

06/27/2019 | by Will Maddox |  Share Post

"But at DFW Airport, the LiveWell program has led to healthcare savings of nearly \$6 million for the last four years, as healthcare spending has increased at 40 percent below the national average."

That's \$314/employee in "savings."



There are two problems with concluding that this program saved money...



Problems with claiming the program saved money

1. It didn't



Problems with claiming the program saved money

1. It didn't

- a. The average employee lost 7 ounces.



Problems with claiming the program saved money

1. **It didn't**
 - a. The average employee lost 7 ounces.
2. **Making all your employees get checkups every year costs a ton of money and is not good for their health.**
 - a. *Even Yale didn't require annual checkups because...*



Problems with claiming the program saved money

1. **It didn't**
 - a. The average employee lost 7 ounces.
2. **Making all your employees get checkups every year costs a ton of money and is not good for their health.**
 - a. *Even Yale didn't require annual checkups because...*
 - b. ...Annual checkups are decidedly worthless for most employees



Don't shoot me. I'm just the messenger





Don't shoot me. I'm just the messenger

All studies show no clinical value to annual checkups



An initiative of the ABIM Foundation

It is important to have a regular doctor who helps make sure you receive the medical care that is best for your individual needs. But healthy people often don't need annual physicals, and they can even do more harm than good. Here's why:

Annual physicals usually don't make you healthier.



Abstract

Clinical Question What are the benefits and harms of general health checks for adult populations?

Bottom Line Compared with usual care, offers of health checks were not associated with lower rates of all-cause mortality, mortality from cardiovascular disease, or mortality from cancer. Health checks may be associated with more diagnoses and more drug treatment. Morbidity was infrequently reported, as were most harms, such as use of diagnostic procedures.

JAMA[®]





Two better ideas for checkups

1. Two in your 20s, 3 in your 30s, 4 in your 40s, 5 in your 50s and then annually
2. “Unless you feel a need to come sooner, you can schedule your next checkup for 20XX.”



Why insist on extra medical care that an employee's doctor thinks is inappropriate?



Here's how Yale got snookered

A

Measuring on participants and ignoring dropouts and non-participants

B

Counting only people with high risk at the beginning of the period

C

Comparison to “Trend”

 D

Don't attribute savings to reduction in risk.



How do you get \$4 million in savings out of this?

1. **It didn't**

a. The average employee lost 7 ounces.

2. Making all your employees get checkups every year costs a ton of money and is not good for their health.

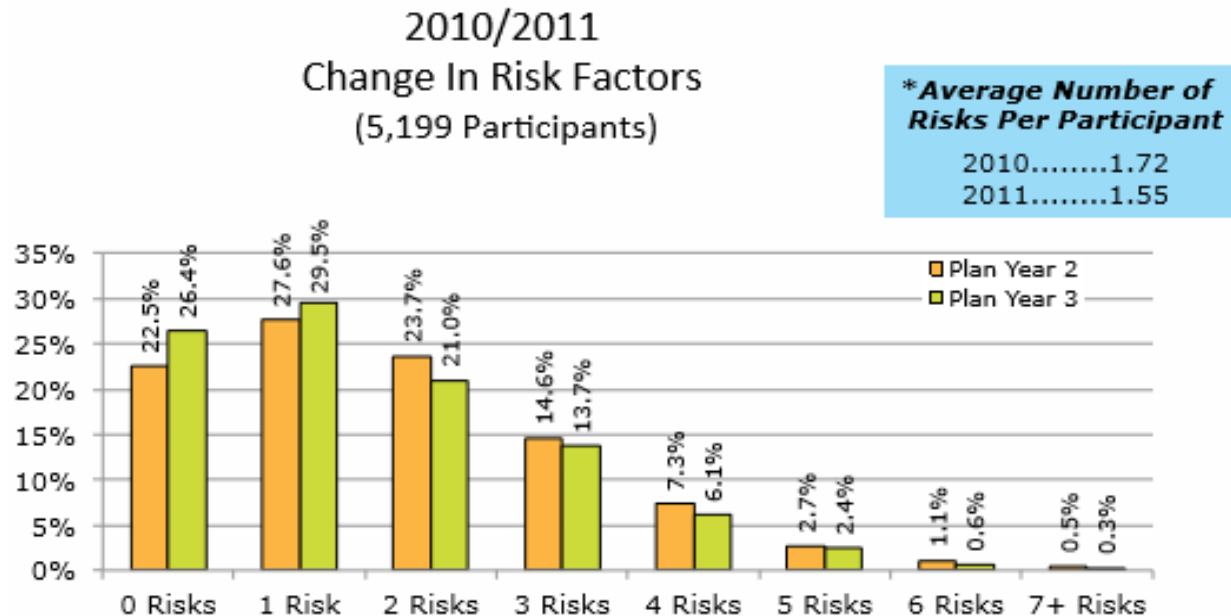
a. Annual checkups are decidedly worthless for most employees

b. *Even Yale didn't do this...*



How do you get \$4.2 million in savings out of this?

Koop Award-winning Nebraska study: 186 people reduced a risk factor



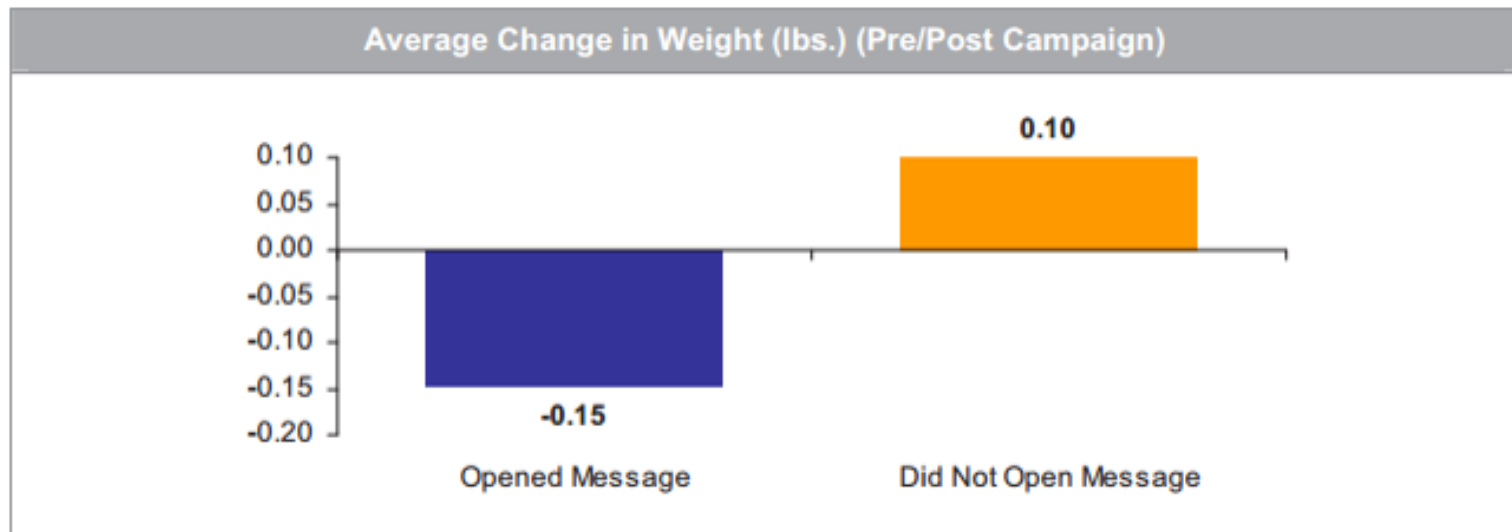
# of Risks	Plan Year 2 %	Plan Year 3 %
0-2 Risks (Low Risk)	73.8%	76.9%
3-4 Risks (Moderate Risk)	21.9%	19.8%
5+ Risks (High Risk)	4.2%	3.3%

*Statistically significant change



Koop Award-winning Pfizer program allegedly saved \$9 million

Employees who opened the “coaching” emails lost...3 *ounces*





Most recent Koop Award went to a vendor that harmed employees

HEALTH

Top wellness award goes to workplace where many health measures got worse

By SHARON BEGLEY @sxbegle / SEPTEMBER 27, 2016





Watch how vendors snooker you...

Actual excerpt from Wellsteps Koop Award application:

	No.	Mean at Baseline*	Mean Change through 1 year*	F Test P Value†
BMI (Kg/m ²)				
Normal (< 25)	903	22.4	0.2	< 0.0001
Overweight (25.0-29.9)	738	27.2	0.1	
Obese (≥ 30.0)	683	35.2	-0.3	
Missing	62			
Systolic Blood Pressure (mmHg)				
Normal (<120)	906	110.9	10.9	< 0.0001
Pre-hypertensive (120-139)	1086	128.5	3.9	
High (140-159)	322	146.1	-3.7	
Dangerous (≥160)	38	167.3	-12.6	
Missing	59			
Diastolic Blood Pressure (mmHg)				
Normal (<80)	1330	71.2	1.8	< 0.0001
Pre hypertensive (80-89)	778	83.8	-4.2	
High (90-99)	209	93.2	-8.7	
Dangerous (≥100)	33	105.6	-15.9	
Missing	61			
Glucose (mg/dL)				
Normal (<110)	2134	92.0	-2.9	< 0.0001
IFG (110-125)	117	115.1	-7.4	
Diabetes (≥126)	72	170.4	-27.1	
Missing	88			
Total CHL (mg/dL)				
Normal (<200)	1434	169.1	10.5	< 0.0001
Borderline (200-239)	691	215.6	-1.7	
High risk (≥240)	216	260.3	-14.6	
Missing	70			

*Adjusted for age and sex.





It's a jungle out there

	Number	Mean at Baseline	Mean Change through 1yr	IMPROVED	DETERIO-RATED
BMI					
Normal	903	22.4	0.2		903
Overweight	738	27.2	0.1		738
Obese	683	35.2	-0.3	683	
Missing	62				
Systolic Blood Pressure					
Normal	906	110.9	10.9		906
Pre-hypertensive	1086	128.5	3.9		1086
High	322	146.1	-3.7	322	
Dangerous	38	167.3	-12.6	38	
Missing	59				
Diastolic Blood Pressure					
Normal	1330	71.2	1.8		1330
Pre-hypertensive	778	83.8	-4.2	778	
High	209	93.2	-8.7	209	
Dangerous	33	105.6	-15.9	33	
Missing	61				
Glucose					
Normal	2134	92	-2.9	2134	
IFG	117	115.1	-7.4	117	
Diabetes	72	170.4	-27.1	72	
Missing	88				
Total Cholesterol					
Normal	1434	169.1	10.5		1434
Borderline	691	215.6	-1.7	691	
High-Risk	216	260.3	-14.6	216	
Missing	70				
Totals				5293	6397





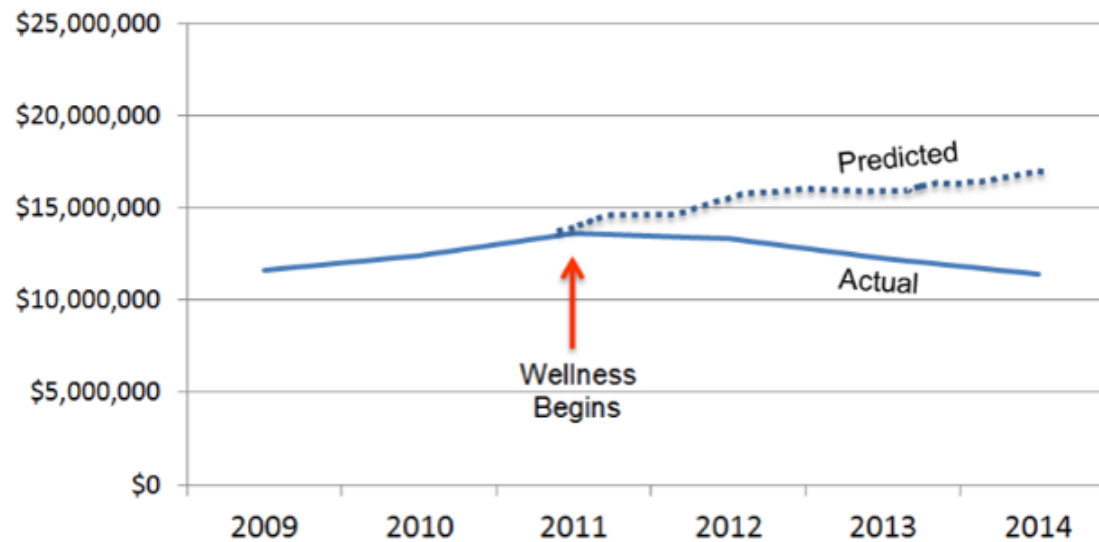
If you don't include normal glucose declining...

	Number	Mean at Baseline	Mean Change through 1 yr	IMPROVED	DETERIORATED
BMI					
Normal	903	22.4	0.2		903
Overweight	738	27.2	0.1		738
Obese	683	35.2	-0.3	683	
Missing	62				
Systolic Blood Pressure					
Normal	906	110.9	10.9		906
Pre-hypertensive	1086	128.5	3.9		1086
High	322	146.1	-3.7	322	
Dangerous	38	167.3	-12.6	38	
Missing	59				
Diastolic Blood Pressure					
Normal	1330	71.2	1.8		1330
Pre-hypertensive	778	83.8	-4.2	778	
High	209	93.2	-8.7	209	
Dangerous	33	105.6	-15.9	33	
Missing	61				
Glucose					
Normal	2134	92	-2.9	0	
IFG	117	115.1	-7.4	117	
Diabetes	72	170.4	-27.1	72	
Missing	88				
Total Cholesterol					
Normal	1434	169.1	10.5		1434
Borderline	691	215.6	-1.7	691	
High-Risk	216	260.3	-14.6	216	
Missing	70				
Totals				3159	6397
If reductions in normal glucose not counted:				3159	



Money was allegedly saved...

Figure 1. Predicted versus Actual Medical Costs for the District



Or was it?

Figure 1. Predicted versus Actual Medical Costs for the District

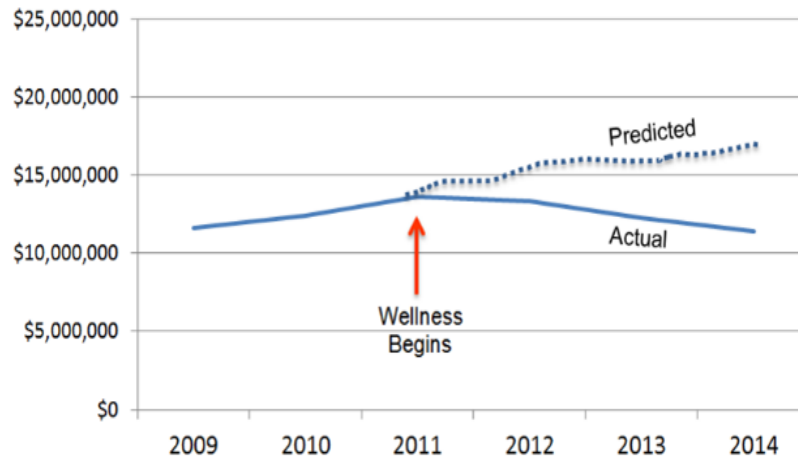
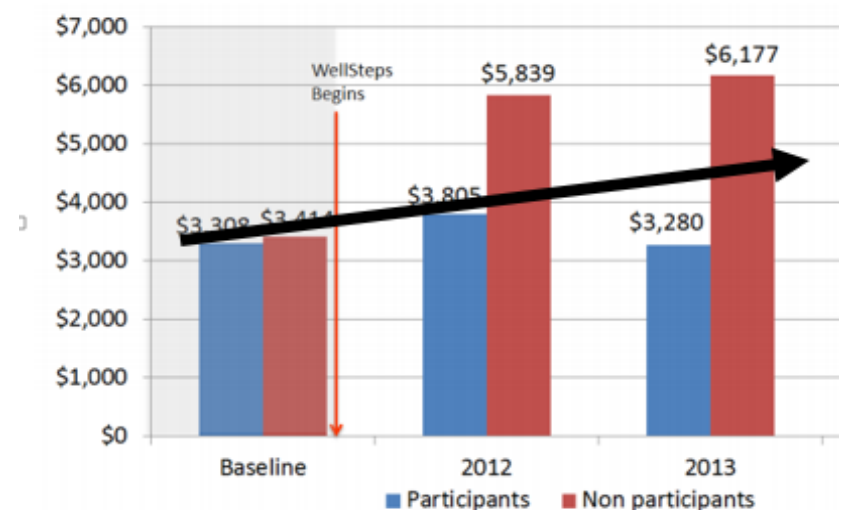


Figure 3. Medical Costs for Wellness Participants and Nonparticipants





Yale must have fallen for one or more of these sleights-of-hand

Or they decided to make money by fining employees.

A

Measuring on participants and ignoring dropouts and non-participants

B

Counting only people with high risk at the beginning of the period

C

Comparison to “Trend”

D

Don't attribute savings to reduction in risk.



Avoiding Yale's Fate

- Background on EEOC rules and legal risk of wellness programs
- What Yale did
- What Yale didn't do
- What Yale should have done
- **Avoiding all Yale's mistakes...and a lawsuit**
- What you should do





What you'd learn through the Validation Institute to avoid all Yale's mistakes

- How to read an outcomes report and spot phony outcomes, through Critical Outcomes Report Analysis training
- **How to avoid lawsuits in any wellness program**
- How to measure outcomes validly
 - Objectively
 - As perceived by employees





Insist on Indemnification for the ENTIRE program from your vendor

- Why should you take the liability (and professional!) risk when vendors are willing to?
- Use a clause like this one to transfer risk to vendors:



EEOC Indemnification Guarantee

Offering Quizzify as an alternative makes screenings/HRAs truly voluntary, and removes your program from EEOC jurisdiction. We indemnify you (or if you are a vendor, your customers) for any adverse judgments on cases brought by employees claiming that your wellness program includes "involuntary medical exams or inquiries" as defined under ADA or GINA.

This indemnification covers 80% of any award, up to ten times the total value of your Quizzify contract.

- Other vendors are offering similar indemnification...AND screening compliant with guidelines!





A template for all you need to indemnify

Choice of screening
vs.
non-clinical option

*Doesn't cost a nickel more
than you're spending now.*

HOW TO EARN YOUR 2019 INCENTIVE THIS FALL

Choose between our **traditional screening/weigh-in** at our annual health fair, or play an **online health education game**. The choice is yours.

Select the **SCREENING/WEIGH-IN** if:

- You haven't seen your doctor in the last 24 months, nor intend to in the next 6 months.
- You are over 35 (male) or 45 (female) and have been told you have significant risk factors.
- You believe you may have undiagnosed chronic disease (for example, one parent died of chronic disease before age 60).
- You are very concerned about your weight.
- You want to "know your numbers."



Play the **GAME** if:



You feel you might learn something from short, multiple-choice quizzes about health and healthcare. You will need to complete 4 quizzes to receive credit.

Topics include:

Diabetes

How much do you know about the #1 chronic disease of all time?

Surprising Hazards of the Medical System

What common surgery do 99% of surgeons admit they themselves would never undergo?

Opioids

How many painkiller pills can you take before they start becoming addictive?

Women's Health

Are pelvic exams useful?

Everyday Health Hazards

Is it OK to dip a chip after someone has double-dipped?

Fats, Salt, Sugar, Eggs

What are the biggest nutritional no-no's...and what can you indulge in guilt-free?

Health Insights for Ages 50+.

Can shingles be avoided?

Your Health Benefit

What's the difference between a co-pay and co-insurance?

Unsure of which one to choose?

You can start by playing the game, but can switch to the screening if you feel you are not learning anything.



© 2018 Quizify

All Quizify content is reviewed by physicians at Harvard Medical School.





What you'll learn through the Validation Institute

- How to read an outcomes report and spot phony outcomes, through Critical Outcomes Report Analysis (CORA) training
- How to avoid lawsuits in any wellness program
- **How to measure outcomes validly**
 - Objectively
 - As perceived by employees





Tools to trend your wellness-sensitive medical events (WSMEs)

(1) Collect the ICD10s for 2016-2018 for WSMEs

Chronic Condition	ICD10 Codes (includes all subcategories)
Asthma	J45
Chronic Obstructive Pulmonary Disease	J40, J41, J42, J43, J44, J47, J68.4
Coronary Artery Disease (and related heart-health issues)	i20, i21, i22, i23, i24, i25.1, i25.5, i25.6, i25.7
Diabetes --including likely non-cardiac complications	E10, E11.0-E11.9, E16.1, E16.2, E08.42, E09.42, E10.42, E11.42, E13.42, E08.36, E09.36, E10.36, E11.311, E11.319, E11.329, E11.339, E11.349, E11.359, E11.36, E13.36, L03.119, L03.129, i96, E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622, L97
Hypertension, Heart Failure and related diseases	i50, i10, i11, i12, i13



Tools to trend your wellness-sensitive medical events (WSMEs)

(2) Tally them using this tool

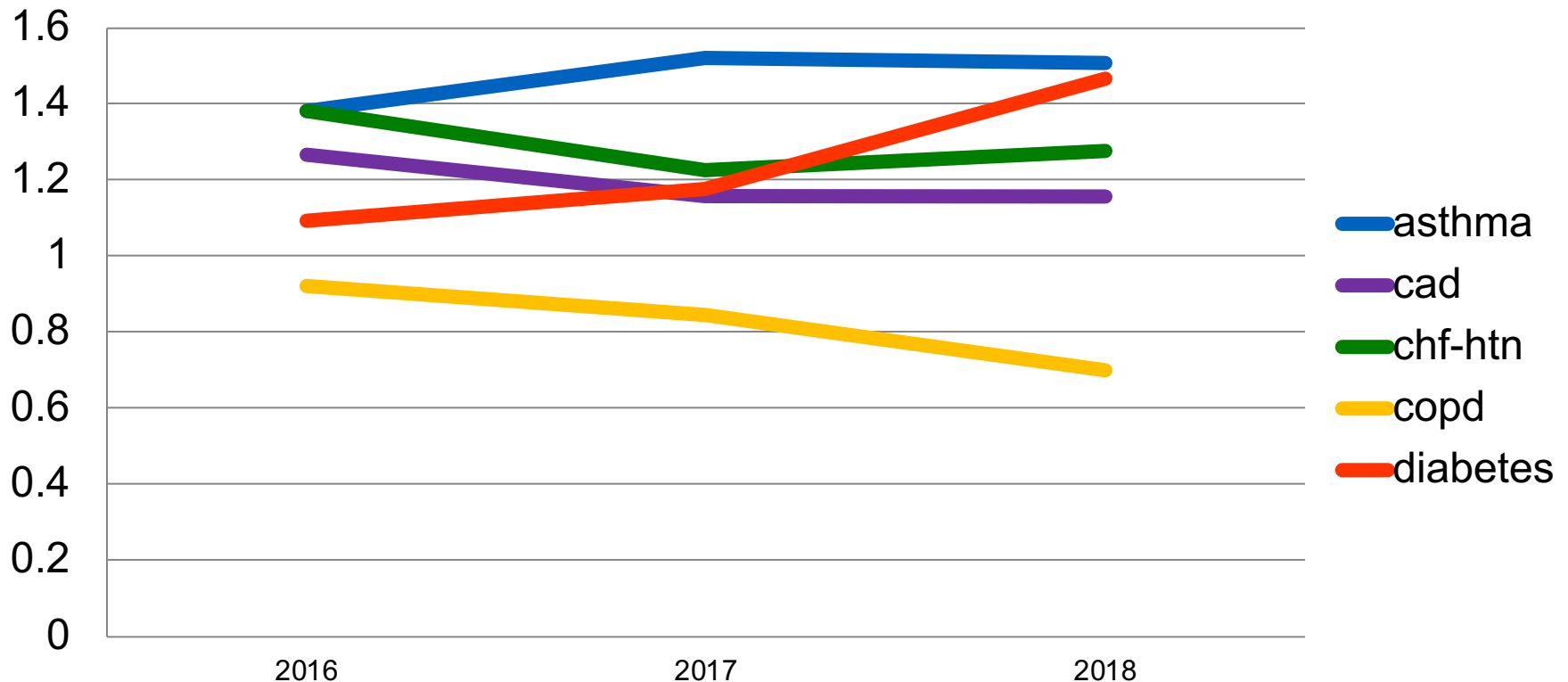
	ER Events	+	Inpatient Events	=	Calculated
<u>2016</u>					
ASTHMA					
CAD					
CHF					
COPD					
DIABETES					
<u>2017</u>					
ASTHMA					
CAD					
CHF					
COPD					
DIABETES					
<u>2018</u>					
ASTHMA					
CAD					
CHF					
COPD					
DIABETES					



Look at trends to see how your program did.

3) Graph events as shown in this example. (This company did a COPD program and a diabetes program.)

Chronic Disease Events per 1000 members
(short view for all algorithms – all ICD 10s)





The BEST Tool

Benefits Engagement Survey Tool

Estimate your PEPY cost/1000 or total cost for each of your tools

- In this case, it was a small group so we did total cost
- Measures Quizzify, screening, HRA, portal, and EAP*





Determine which tools offer cost-effective engagement

Engagement vs. Cost





Ask your employees:

1. **“How many times if at all did you use it?”** *Measures participation*
2. **“Was it useful?”** *Measures perceived value*
3. **“Do you feel this benefit enhances/reflects a positive corporate culture?”** *Measures what Lee Lewis calls “nice programs” that only a few people use, like fertility benefits*



- *Number of uses **X** usefulness = **total workforce engagement***
- *#3 will be the size of the bubble, representing **impact on culture, independent of use***



Engagement survey for up to five tools

(1) Did you use it? (2) How useful was it? Multiply participation times usefulness to get total engagement

Did you use Resources for Living in the past 12 months? *

☐ No

☐ Yes, one time

☐ Yes, two times

☐ Yes, four times

☐ Yes, five times

☐ Yes, more than five times

After section 6 Continue to next section

Section 7 of 12

Resources for Living Feedback detail

Description (optional)

How useful was the Resources for Living? *

☐ Very useful

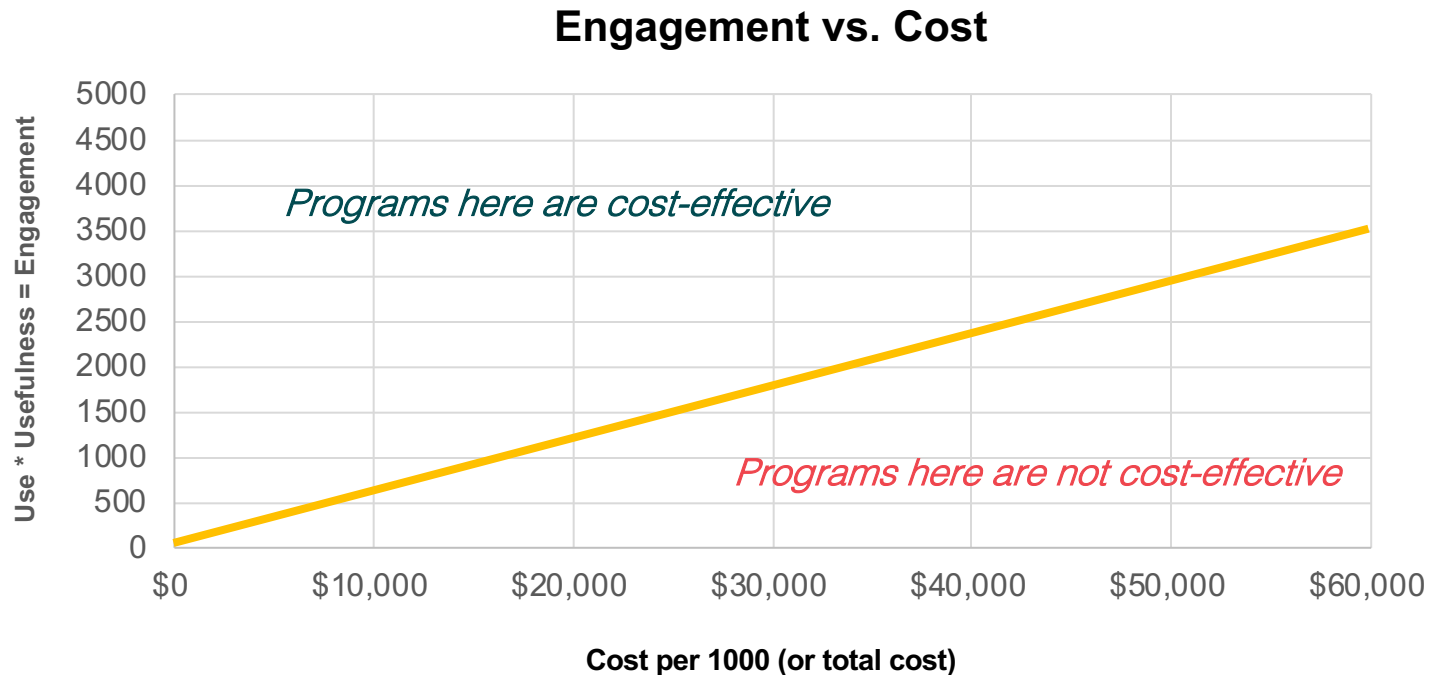
☐ Somewhat useful

☐ Not very useful

☐ Not useful at all



Determine which tools offer cost-effective engagement

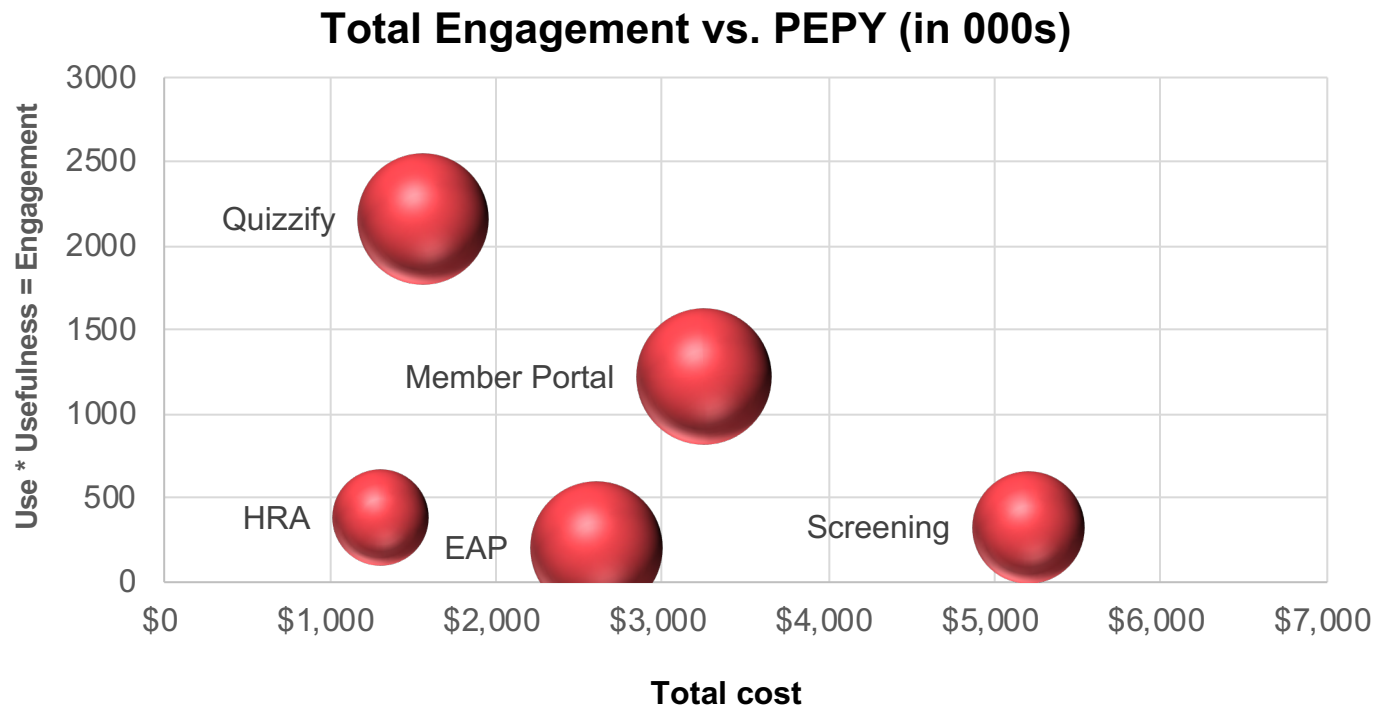




ARRAY ENGAGEMENT vs. the COST

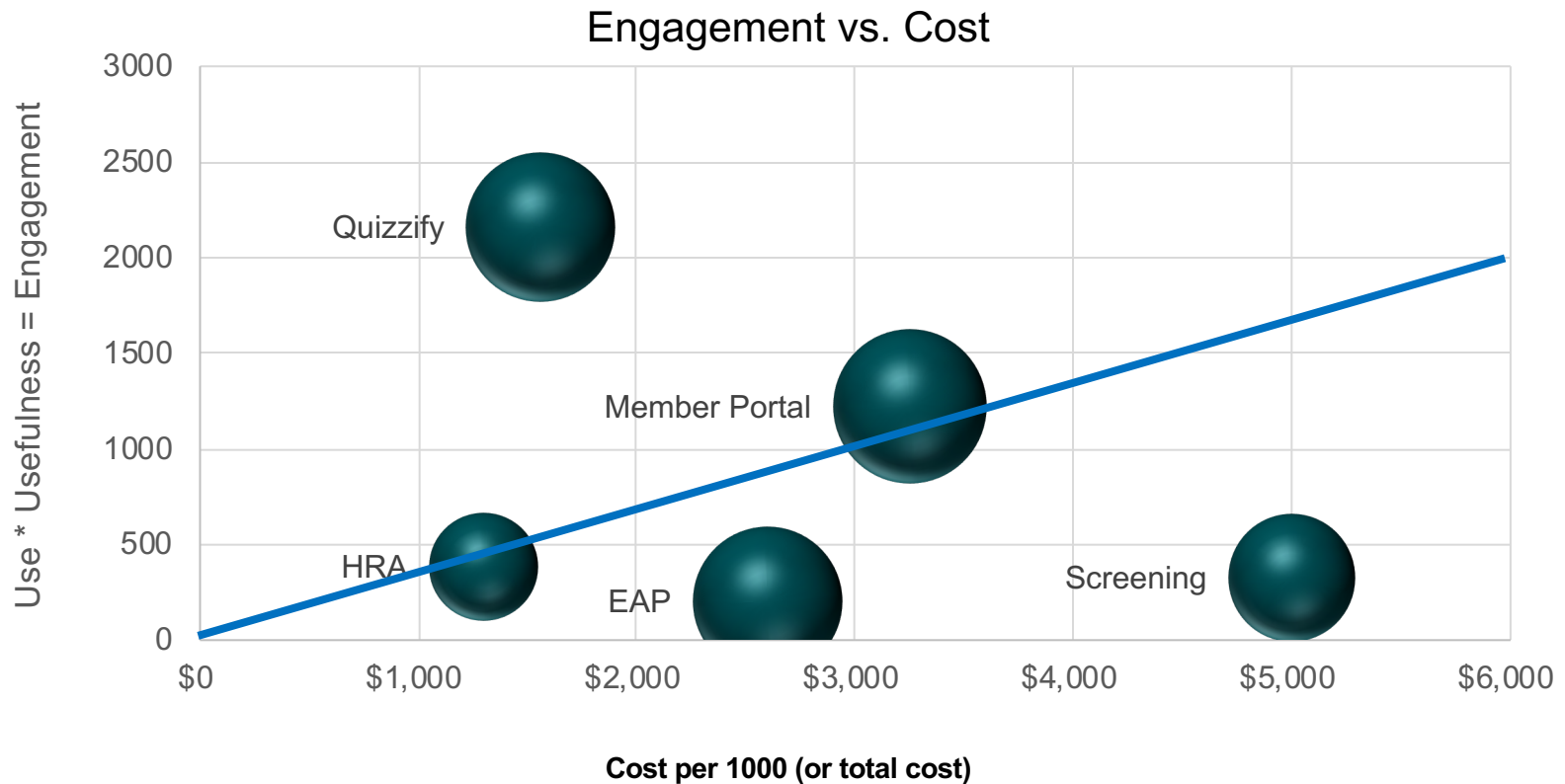
per 1000 (or total cost)

NOTE: the size of the bubble is, OPTIONALLY, the CORPORATE CULTURE SCORE





Get Your Vendor to Guarantee Being “Above The Line”





If Yale had done this...

1. They would have learned right away that their program was failing
2. They could have re-allocated wellness dollars **towards higher-rated programs or programs guaranteeing savings**





Avoiding Yale's Fate

- Background on EEOC rules and legal risk of wellness programs
- What Yale did
- What Yale didn't do
- What Yale should have done
- Avoiding all Yale's mistakes...and a lawsuit
- **What you should do**





What's next?

All of today's participants will receive the objective and subjective tools, indemnification language and tools from this webinar.

Also available:

We can help you expand the number of analyses off that one survey:

- Usefulness vs. cost
- Add incentives to create a total cost score
- Compare objective use information to subjective
- Color the bubbles to represent (for example) validation of the claimed outcomes
- You can compare your result to others



Certified Outcomes Report Analysis (CORA)

Learn to distinguish between high-value and low-value healthcare programs/services by analyzing outcome and performance claims:

- Four self-paced modules (30 minutes total) give you the tools to make more informed, value-based purchasing decisions
- Discover key terms and concepts critical to program design and results measurement
- Printable checklist used alongside real-life application examples
- Designed for easy and immediate implementation
- **SHRM-approved** for professional development



ValidationInstitute



Certified Health Value Professional (CHVP)

Highly specialized training to help employers move the needle with health care benefits:

- Self-paced, online training
- 14 modules covering topics critical to maximizing value and health outcomes, such as:
 - ✓ Identifying high-performance niches
 - ✓ Effective plan design
 - ✓ Reference-based and bundled pricing
 - ✓ Maximizing claims reviews
 - ✓ CORA
- Content designed and taught by industry-leading experts and in-field practitioners
- **SHRM-approved** for professional development



ValidationInstitute



Validate. Educate. Connect.



Validate.

Independently verified results.



Educate.

Empowered health benefits
purchasing.



Connect.

Bringing healthcare purchasers
and solution providers together.



ValidationInstitute