

# Wellness Program Effectiveness 2016

An eBook presented by



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# Effectiveness Survey 2016

In March 2016, we invited more than 8,000 leading employers and wellness consultants to participate in a survey on wellness program effectiveness. We got 76 responses, from a representative sample of employers and wellness practitioners.



## **Responses came from all segments of the employee wellness community:**

37% were fulltime Wellness Coordinators at an employer

20% were HR & Benefits leaders who also oversee a wellness program

24% were Wellness Consultants who oversee multiple programs

## **Responses came from employers with several program types:**

41% of programs were run by the employer

15% used a vendor program, or a program from their Health Plan

44% had a program that included a combination of the above



# What Does Effectiveness Mean?

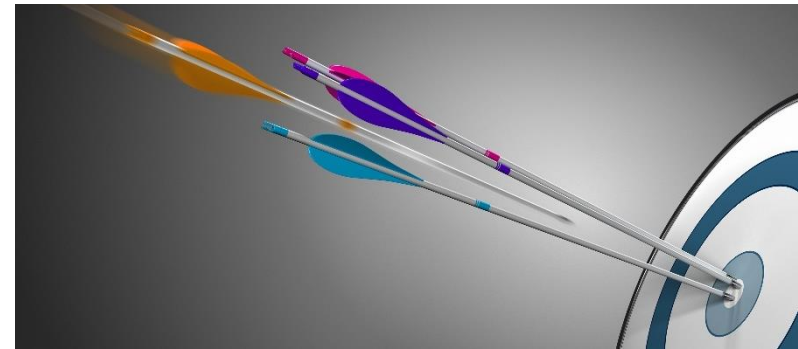
It's not surprising that the top two answers were **High Participation** and **Health Risk Reduction**. 79% said an effective program achieves high participation, and 85% said an effective program reduces health risks.

But the other top responses were more surprising –and revealed gaps in wellness programs' current strategies.

**Working with Primary Care:** 77% said that an effective program means participants work with their primary care physician for overall prevention – not just when they are sick.

**Follow-Up:** 64% said an effective program means problems identified at the screening are followed up until the participant's doctor is satisfied with the outcome.

**Physical Activity:** 61% said an effective program means sedentary people become physically active, as measured by an accurate device over 12 months.



# The Effectiveness Gap

88% of survey respondents say their wellness programs **could be more effective.**

They largely **agree on what a more effective program would look like.** It would have a better design in 4 key areas: Physical Activity & BMI, Screenings & Prevention, Screening Followup, and Health Coaching.

There aren't any **significant barriers** in the way of implementing a more effective program. Less than 50% agreed that any of the barriers we asked about were a problem for them. Cost does not seem to be a barrier.

And yet they are **still running the same programs they know are less effective.**

Let's **explore the gaps** between the effective program employers want, and the programs they are running today.



# Gap: Physical Activity & BMI

Wellness leaders say that a certain combination of features make physical activity and BMI programs more effective. But very few are running those kinds of programs.

63% agree that using **only accurately measured data** (app/device) and **significant incentives** would be more effective than allowing self-report data and using small prizes or points.

**But almost all of them allow self-report data.** 34% allow only self-report data in their lifestyle programs. Another 49% use apps and devices in their programs, but also allow less accurate self-report data.

**Only 10% require accurate data in their programs,** and the vast majority of those are employers who have purchased wearable fitness trackers for all of their employees.

**Only 2% have significant incentives** based on accurate data from apps or devices.



# Gap: Screenings & Prevention

Wellness leaders agree the onsite biometric screenings they run today are less effective than an approach that involves the participant's physician and meets the guidelines of the US Preventive Services Task Force.

75% of survey respondents agreed that completing **all of the screenings and preventive services recommended** by the USPSTF, as verified by the participant's physician, would be more effective than completing a quick onsite biometric screening.

Still, 71% of employers in our survey **continue to rely on the onsite biometric screening**, which does not include many of the USPSTF recommendations.

The vast majority (82%) **don't track anything related to the other prevention recommendations**, or rely on self-report HRA answers.



# Gap: Screening Followup

61% said an effective program means that **problems identified at the screening are followed through until the participant's doctor is satisfied** with the outcome. However, few programs are tracking follow-up in this way.

58% of programs surveyed **don't track follow-up after the screening**. 22% only track follow-up by measuring the number of participants who talk to a health coach after they are flagged at the screening.

A small number track whether the participant says they are working with their doctor (8%), or improves their biometrics (8%).

**Only 3% track whether the issue is resolved** according to the participant's physician.





# Gap: Health Coaching

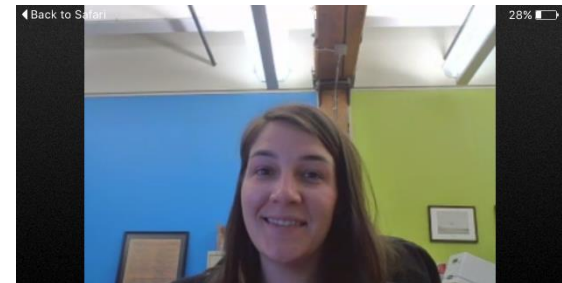
Wellness leaders understand that what kind of coaching would be most effective. But that's not the kind of coaching they are using today.

71% agree that having **incentives on objectively measured targets** (like 5,000 steps a day), and letting participants opt-in for Coaching would be more effective than **requiring participants to talk to a coach** based on their health risks or biometrics.

And 74% they agree that **face to face coaching is more effective** than a phone call or a text-based online format.

But the majority of employers are still using telephonic coaching as the follow-up for those who are flagged at the health assessment or biometric screening.

**Only 37% measure coaching's impact** based on measured changes in lifestyle or biometrics, with the majority looking only at participation or self-reported changes.



# Barriers are Not Significant

We asked what barriers would prevent employers from implementing a more effective program. We did not find any consistent, significant barriers.

We asked if the **incentive amounts needed** for an effective program would be a barrier. Only 33% of employers said yes. Self-insured employers can adjust premiums to make incentives cost-neutral.

We asked if a more effective program would require **asking employees to make too much of an effort**. Only 22% of employers had this concern.

We asked if a more effective program would require **spending too much on technology** – such as fitness devices. Only 38% of employers said yes.

We asked if it was too difficult to **coordinate wellness with healthcare and primary care physicians**. Only 41% said that could be a problem.



# Cost Barriers are Not Significant

A number of factors are driving down the cost of an effective program.

**Accurate data for steps and weight is now available at no extra cost.** Almost 85% of working US adults now own a smartphone and carry it daily. Lifestyle programs and incentives can be designed around this new data.

**Face to face coaching is possible at the same cost as telephonic.**

Smartphones include forward-facing video cameras, and secure, HIPAA-compliant video-calling is now available for health coaches and participants.

Because of the Affordable Care Act's mandates, primary care physicians are now familiar with the **USPSTF requirements and have EMR templates** to ensure each patient gets the right preventive services and screenings.

Employers estimate **over 50% of their population already visits a primary care physician annually** for a preventive visit or prescription renewal.

If employers can leverage the prevention visits that already occur, and stop paying for a screening on top of those visits, **physician-based comprehensive prevention doesn't have to cost more than today's programs.**



# Closing the Effectiveness Gaps

**Why are effective program designs so rare?** Employers understand what a more effective program would look like, and the costs and other barriers are not significant.

We think the problem is the “add-on” approach that employers have taken to their wellness programs. **It’s always easy to add one more element or incentive to a wellness program. But that’s not enough.**

To be effective, employers should consider **replacing** onsite screenings with a physician visit for comprehensive prevention. They should consider **not** using coaches for biometric followup and instead make sure participants work with their physicians until the doctor is satisfied with the outcome.

They should consider **replacing** lifestyle programs and incentives designed around self-report with new programs designed around accurate data and significant incentives.

And they should look at **offering** face to face coaching for participants who want a coach’s help to meet objective lifestyle targets.



# Conclusion

There's a gap between the effective wellness programs employers want – and what they are doing today.

We think employers will increasingly ask their wellness vendors to **design a program based on what works best** – and not based simply on adding to the program they had the year before.

Wellness vendors such as Extracon are now offering programs that fit employers' definition of what an effective program should be – **at no greater cost than the standard programs** from other vendors.

As the evidence base for these programs accumulates, more and more employers will demand **a wellness program that works**.



## About the Author

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CEO, Extracon

Jesse Hercules is the President of Extracon Science, a leading health promotion company. Mr. Hercules is a frequent speaker and writer on health promotion topics, including speaking at the American Journal of Health Promotion's annual conference, and the American Heart Association's annual Worksite Wellness Conference.

## About Extracon

Extracon creates turnkey wellness programs for employers, as well as wellness portals for employers and resellers. Extracon portals include Health Assessments, Online Programs, Team Challenges, Apps and Incentives. The portals can also manage the data from Biometric Screenings, Onsite Classes, Onsite Programs and Events, and Coaching Programs.

Extracon clients move from disconnected data in Excel, fax and paper to seamless online administration through the portal. They can run a variety of programs with content and communications sent automatically. They can incorporate wearable devices, smartphones and apps into their programs.

