

# Integrated Health Solutions at Zurich:

A Model for Wellness & Financial Outcomes



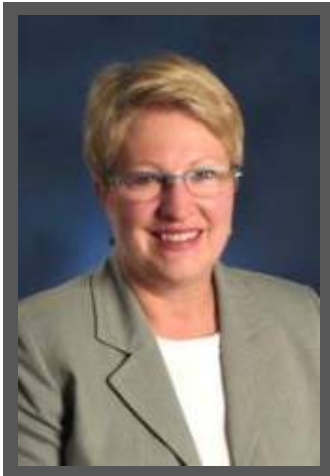
## **Sarah Staggs**

Vice President and Head of Benefits Americas, Zurich

## **Es Nash, M.D., F.A.C.P.**

Vice President, Clinical Innovation and Strategy, OptumHealth

# Welcome



## **Sarah Staggs**

Vice President and Head  
of Benefits Americas  
**Zurich**

Sarah Staggs leads a benefits center of expertise that develops benefit strategy and programs to meet the objectives for both Zurich and Farmers businesses.

Her responsibilities include communication, design, compliance, and vendor management for all health and retirement benefits for 35,000 employees.



## **Es Nash, M.D., F.A.C.P.**

Vice President, Clinical  
Innovation and Strategy  
**OptumHealth**

Es Nash, M.D. brings over two decades of physician executive experience to her role as Vice President, Clinical Innovation and Strategy at OptumHealth™ (a division of UnitedHealth Group).

Within OptumHealth Care Solutions, Dr. Nash develops innovative wellness, decision support and incentives solutions to improve health outcomes.

# Agenda

- Welcome and Introduction
- Overview of Zurich
- Wellness Programs
- Program Results
- Best Practices and Lessons Learned
- QA

# Zurich Wellness Program Overview

**Sarah Staggs**

VP and Head of Benefits Americas  
Zurich



# Zurich:

## Who We Are

- Zurich is one of the world's largest insurance groups, and one of the few to operate on a truly global basis.
- Our mission is to help our customers understand and protect themselves from risk.
- With over 60,000 employees serving customers in more than 170 countries, we aspire to become the best global insurer as measured by our shareholders, customers and employees.
- We divide our business into three main segments: General Insurance, Global Life, and Farmers.



# Zurich:

## Benefits Mission Statement

Provide quality, flexible programs recognizing employees' changing needs and providing opportunity for optimal health promotion and financial security

# Zurich Timeline

## 2001–03

- Zurich's average medical trend rate exceeded 21% per year

## 2004

- Developed health care strategy including wellness approach

## 2005

- Introduced Health*First* with cash incentives
- Health assessments, telephonic coaching, online health education

## 2007

- Introduced a walking program
- Established a pricing strategy to drive HDHP enrollment; 65% of enrolled employees in HDHP

## 2009

- Introduced Health*First* program to Farmers, adding 24,000 employees
- Included biometric screenings as part of incentive

## 2010

- Refined incentive program to encourage additional involvement
- Won executive leadership involvement and support

## 2008–11

- Zurich's average annual medical trend rate reduced to 5% per year

# Health Care Strategy: The Evolution of the Wellness Solution

- Managing health and associated costs is a partnership between Zurich and its employees
- Introduced two high deductible health plans plus a health savings account with a company contribution of \$1,000 for family coverage or \$500 for single coverage
- Six years after their introduction, 83% of Zurich's medical plan members are in HDHPs
- To assist employees with increased accountability for health costs, Zurich committed to provide tools and resources to achieve better health outcomes
- A strong wellness program was an essential element of our health program and continues to drive down cost for both employees and the company

## Key Elements to Our Wellness Program

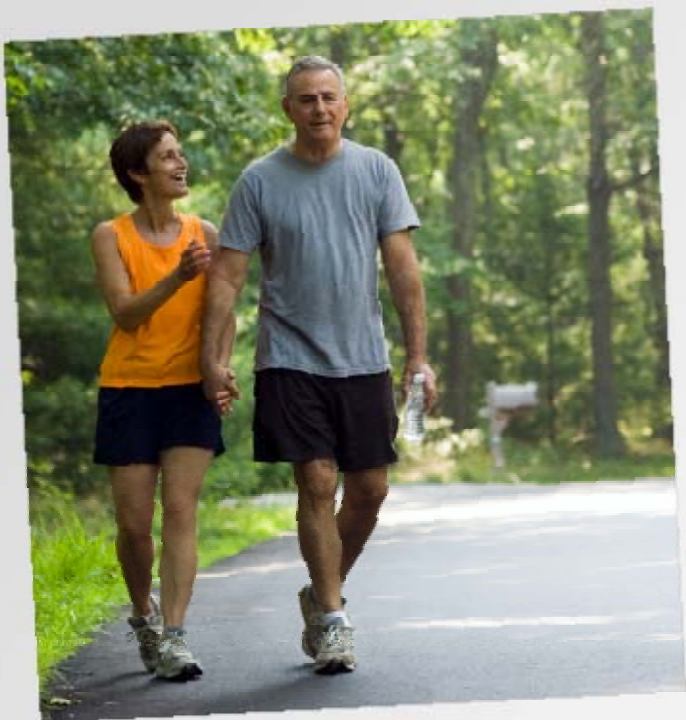
1. Health assessment
2. Walking challenge
3. Online and telephonic coaching
4. Biometric screening
5. NurseLine

# Wellness Programs: Barriers and Challenges



- Extending program to new business segments
  - Farmers adopted wellness program four years after introduced at Zurich
  - Integration of wellness programs — one in its infancy vs. a mature program
- Creating a culture of accountability so wellness programs are readily embraced
- Maintaining senior management support and visibility
  - Visible leadership consistent across both organizations
- Moving employee population from mere participation to achievement of results

# Wellness Program Strategic Objectives: 2010–13



- Promote expansion of health care consumerism through medical plan option design and pricing
- Encourage and reward achievement of measurable healthy lifestyle behaviors
- Provide tools and support for employees to stay healthy and choose effective, high quality health care providers when services are needed
- Establish and track metrics to gauge program performance, measure success and refine tactics

# Multiyear Strategy

Strategic Objectives	2010	2011	2012	2013
<p><b>Encourage and reward the achievement of measurable healthy lifestyle behaviors</b></p>	<ul style="list-style-type: none"> <li>• Match participation in health management programs against incentives</li> <li>• Establish baseline health status of employees</li> <li>• Leverage wellness champion network to drive local involvement</li> <li>• Encourage sharing of success stories</li> </ul>	<ul style="list-style-type: none"> <li>• Identify specific lifestyle metrics for key goals</li> <li>• Develop incentives for achieving lifestyle goals that reflect performance</li> <li>• Encourage leadership and manager involvement by providing supportive communications</li> <li>• Promote workplace wellness initiatives; use engaging marketing campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Measure outcomes, refine metrics to reflect healthy lifestyle achievement</li> <li>• Align health and wellness with work environment, safety program, cafeterias and community events</li> <li>• Identify opportunities to promote high value/reasonable cost health care delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Measure outcomes</li> <li>• Consider increased contributions for participants failing to attain expected lifestyle goals</li> <li>• Eliminate programs with low ROI</li> </ul>



# HealthFirst Program Components, Incentives

- HealthFirst: internal brand communicating priority of health
- Communications: built upon strong HealthFirst brand (bold graphics and action words)
- \$200 maximum per employee annual incentive added to paycheck potential for the following activities in 2010:
  - Health assessment (\$50)
  - Telephonic coaching (\$50)
  - Online coaching (\$25)
  - Steppin' Out walking program (\$50)
  - Biometric screenings (\$50)



# Health Management Incentives: Expanding into Performance-Based Metrics

Strategic initiatives shift focus from program participation to personal achievement of results.

	Today	Tomorrow	Future
Program goals	<ul style="list-style-type: none"> <li>• Complete HRA to collect baseline data</li> <li>• Complete Steppin' Out walking program</li> <li>• Complete biometric screening</li> <li>• Complete online, telephonic coaching</li> </ul>	<ul style="list-style-type: none"> <li>• BMI: If not below 30, reduce weight by 5%</li> <li>• BP: If not below 140/90, reduce BP by 10%</li> <li>• Blood glucose: If not below 110 mg/dl, complete coaching</li> <li>• Cholesterol: If not below 200 mg, complete coaching</li> <li>• Tobacco use: Certified tobacco free for 6 months — if not, complete coaching</li> </ul>	<ul style="list-style-type: none"> <li>• BMI: If not below 30, reduce weight by 5%</li> <li>• BP: If not below 140/90, reduce BP by 10%</li> <li>• Blood glucose: If not below 110 mg/dl, complete coaching</li> <li>• Cholesterol: If not below 200 mg, complete coaching and statin compliance</li> <li>• Tobacco use: Expand screening to include nicotine detection, requirement to self-fund cessation</li> </ul>
Incentives	\$200 wellness dollars	\$200 wellness dollars only if desired outcomes attained	Consider increase to monthly contributions for non-compliance

# HealthFirst Communication Strategy

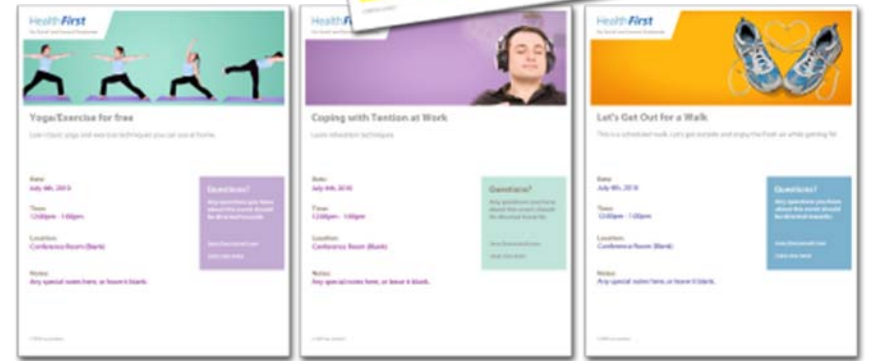
## Communications Driving Awareness and Activity

- Greater success in engaging members and having them complete programs when calling
- HealthFirst brand strategy has resulted in strong program recognition
- Used a variety of media to capture members' attention
  - Overview brochure
  - Landing page on HealthFirst website
  - Wellness Coaching brochure with cling
  - Health Assessment reminder/email
  - Wellness Coaching reminder
  - Wellness toolkit
  - DM and Wellness mailings
  - Biometrics poster
  - Walking Challenge log
  - Reminder postcard



# Communication Program Samples

- Overview brochure
- HealthFirst Intranet landing webpage
- Wellness Coaching brochure
- Health Assessment reminder/email
- Editable PDF files for each location
- Reminder postcards



# HealthFirst Utilization: Incentives Drive Participation

- Health Assessment completion was lower in 2010 due to the reduced incentive
- Telephonic coaching remained steady, however online coaching participation dropped despite the incentive remaining stable
- Incentives increased for the Walking Program, leading to an increase in participation
- Biometric Screenings increased for Farmers with new incentive offered

	Zurich 2009	Zurich 2010	Farmers 2009	Farmers 2010
<b>Health Assessment Completion</b>	6,938 70%	5,403 57%	17,407 80%	10,295 47%
<b>Telephonic Coaching Enrollment</b>	1,138 12%	1,228 13%	2,563 12%	2,731 12%
<b>Online Coaching Enrollment</b>	3,952 40%	2,866 30%	8,012 37%	7,469 34%
<b>Walking Program Completion</b>	3,504 35%	2,848 30%	1,028 5%	3,314 15%
<b>Biometric Screening</b>	2,970 30%	2,815 30%	3,592 16%	4,579 21%
<b>Flu Shots</b>	3,157 32%	2,823 30%	4,249 21%	4,242 19%

# Combined Health Assessment and Coaching Participation 2009/2010

Component	Metric	2009	2010	% Change
	Population	31,527	31,346	
Health Assessment	• Completion/% of total population	24,345/77%	15,698/50%	-27%
	• Health Risk ID	13,478	6,856	
	• HRI Rate	55%	44%	-11%
Online Coaching	• Enrollment (N/% of total population)	11,964/38%	10,335/33%	-5%
	• Completers	2,916	2,752	
	• Completion Rate as % of enrollees	24%	27%	+3%
Telephonic Coaching	• Enrollment (N/% of total pop)	3,701/12%	3,959/13%	Most notable change is the significant increase in lifestyle behavior changes
	• Completers	2,916	2,675	
	• Completion Rate as % of enrollees	79%	68%	
	• Improved Behavior (N)	537	867	

Behavior change improved despite reduction of HA incentive

# Health Assessment Results 2009 and 2010

Health Assessment Participation	2009		2010		2010 OptumHealth Commercial Employer BOB averages
	Zurich	Farmers	Zurich	Farmers	
Participation	6,938	17,407	5,403	10,295	
% Male	44%	43%	41%	40%	
% Female	57%	57%	59%	60%	
Average Age	41.2	40	44.2	40.3	
Average Wellness Score	85.2	84	87	85.1	85.9
<b>Risk Status</b>	<b>Zurich</b>	<b>Farmers</b>	<b>Zurich</b>	<b>Farmers</b>	
Low (0-2 Risks)	68%	67%	70%	66%	71%
Medium (3-4 Risks)	20%	22%	22%	22%	20%
High (5+ Risks)	9%	11%	8%	12%	9%
<b>Self-Reported Risk Prevalence</b>	<b>Zurich</b>	<b>Farmers</b>	<b>Zurich</b>	<b>Farmers</b>	
Body Weight	41%	44%	37%	45%	44%
Stress	23%	25%	22%	28%	20%
Blood Pressure	20%	16%	18%	14%	22%

## Health Assessment Outcomes Findings

### Increasing awareness and populating predictive model

- Average Wellness score 86.5 slightly higher than the book of business norm of 85.9
- Farmers has more members that have multiple risk factors
- Equal incentives across Zurich/Farmers; executive leadership support may have played role in improved outcomes for Zurich

# Overall Home Mail Biometric Kit Participation

- Home mail biometric kit offered for first time in 2010 with incentives
- Both populations have similar risk levels and attributes
- High home biometric kit completion rates leading to high levels of risk detection

	Zurich	Farmers
BMI: Obese*	30%	33%
Total Cholesterol: high	12%	10%
HDL: low	21%	24%
LDL: high or very high	6%	5%
Fasting Blood Glucose: high	4%	4%

Participation	
<b>Zurich</b>	
Requested kits:	1,184
Returned kits:	721
Percent completion:	61%
<b>Farmers</b>	
Requested kits:	2,692
Returned kits:	1,774
Percent completion:	66%

\* Self Entered Data: BMI computed from analysis of height and weight.

# Walking Program 2009 and 2010

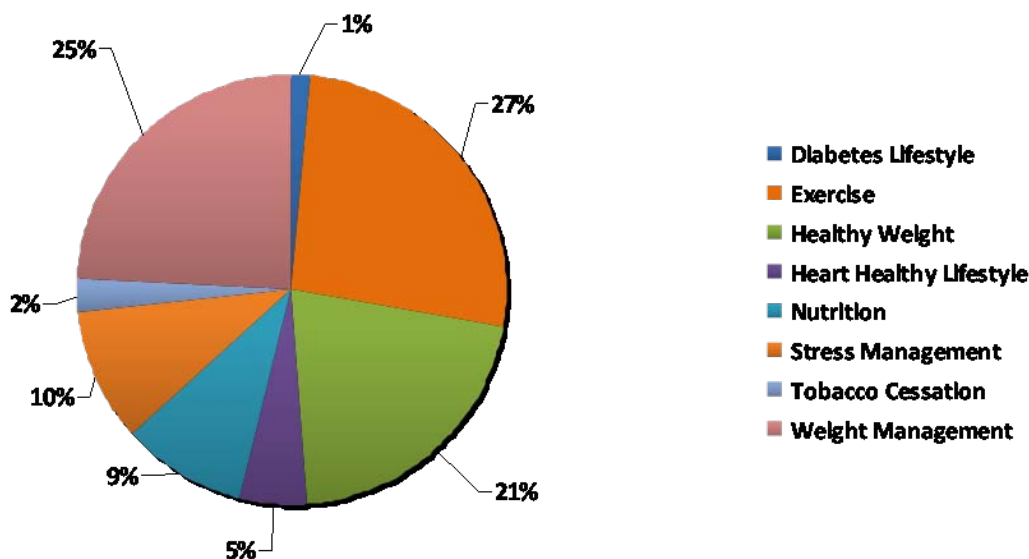
2009				2010			
	Zurich	Farmers	Total		Zurich	Farmers	Total
Population	9,883	21,644	31,527	Population	9,401	21,954	31,355
Enrolled	6,225 63.0%	2,886 13.3%	9,111 28.9%	Enrolled	4,024 42.8%	5,124 23.3%	9,148 29.2%
Average steps per participant	-	-	212,928	Average steps per participant	-	-	319,789
Program completion	3,504	1,028	4,532	Program completion	2,848	3,314	6,162
Completion rate	56.3%	35.6%	49.7%	Completion rate	70.8%	64.7%	67.4%

- Completion rate increased from 2009
- Fewer enrolled, but those who participated were more involved; experienced better outcomes
- More steps walked, greater completions
- Farmers enrollment/completions increased
- Success dependent on:
  - Increased visibility of senior leadership through videos and challenges
  - Raffle of iPads for completion
  - Consistent year-over-year messaging

# Telephonic Coaching Enrollment

## 2010 Zurich

Total enrollment: 1,228 participants



Telephonic Coaching Outcomes: Zurich

### Weight Results

- Average weight loss: 6.4 pounds
- 10% of enrollees reported a 6% to 9% loss in body weight
- Total weight loss: 934 pounds

### Exercise

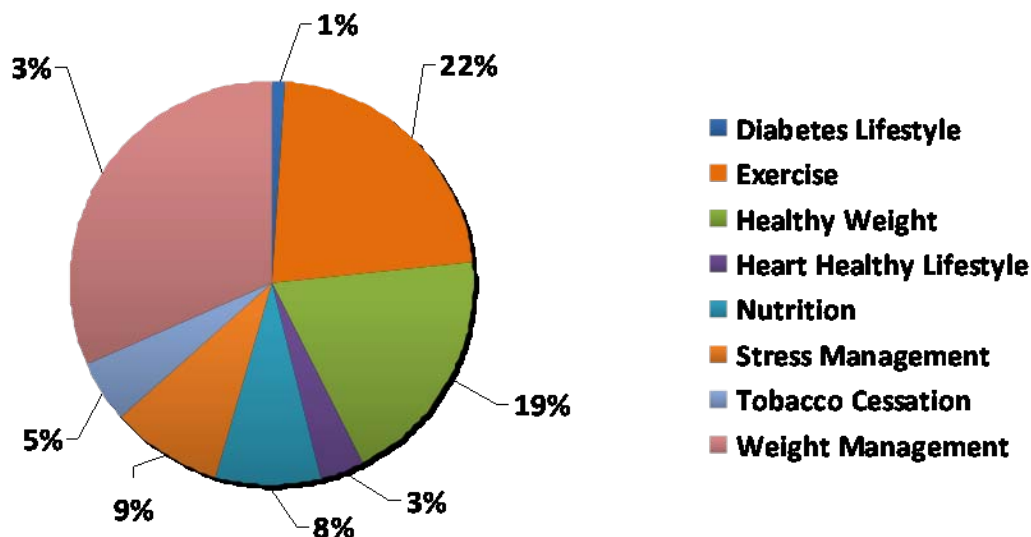
- Average of 93-minute increase in exercise per enrollee

### Tobacco

- 50% of enrollees cut tobacco intake in half
- 50% quit smoking within 6 months of working with a coach

# Telephonic Coaching Enrollment 2010 Farmers

Total enrollment: 2,731 participants



Telephonic Coaching Outcomes: Farmers

## Weight Results

- Average weight loss: 8.1 pounds
- 16.3% of enrollees reported a 6% to 9% loss in body weight
- Total weight loss: 4,216 pounds

## Exercise

- Average of 95-minute increase in exercise per enrollee

## Tobacco

- 79% of enrollees cut tobacco intake in half
- 54% quit smoking within 6 months of working with a coach

# Program Results | Return on Investment Model | ROI

**Es Nash, M.D., F.A.C.P.**

VP, Clinical Innovation and Strategy  
OptumHealth



# Wellness Coaching Value Model Overview

## Wellness Coaching Value Model

Reflects the comprehensive and long-term nature of behavior change by including health care, productivity, disability and workers' compensation savings over multiyear time frame

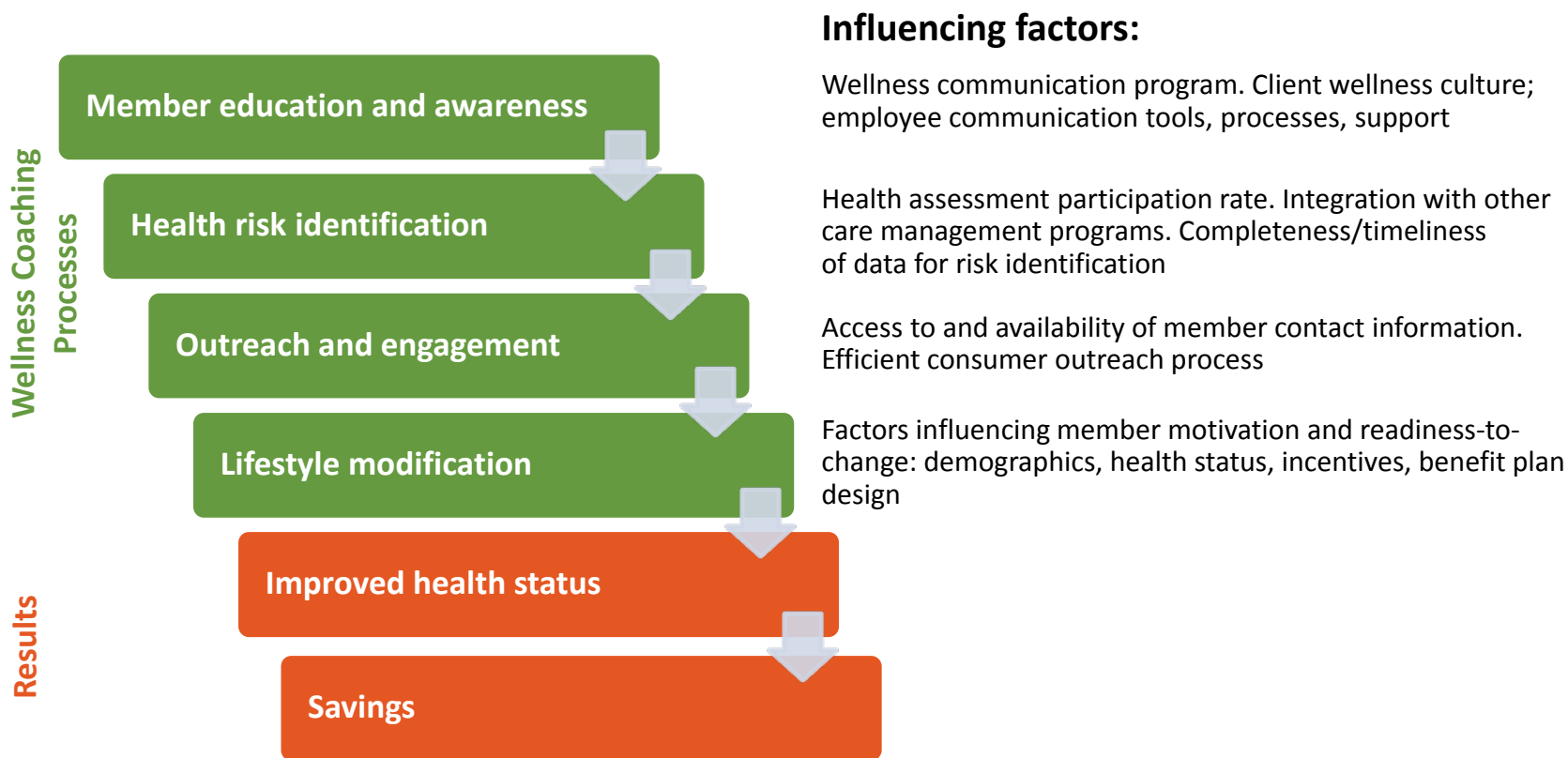
## Methodology Overview

- Savings are based on the actual lifestyle modifications achieved by ZF's telephonic coaching population
- Assigns health care savings associated with the outcomes using OptumHealth's methodology
- Estimates productivity, disability and workers' compensation savings using peer-reviewed industry research
- The model accounts for lifestyle modification relapse and assumes health care savings are realized gradually over time



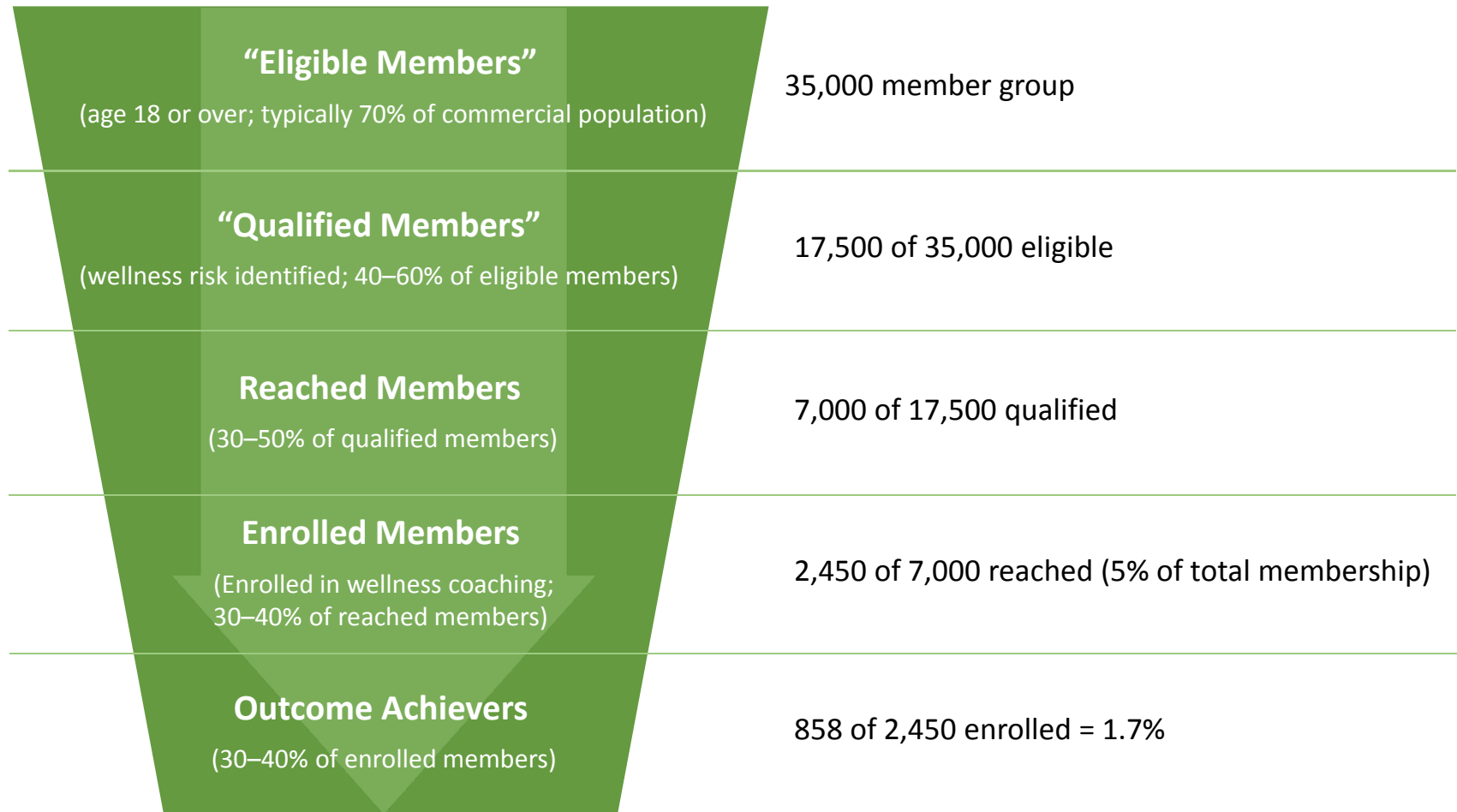
# Wellness Coaching Results: Key Dependencies

Wellness coaching results are the result of the wellness coaching process. Factors impacting timing or effectiveness of coaching process will impact the results.



# The Challenge of Population Health Enrollment

Every step of this process is **HIGHLY** dependent on wellness culture, communication and visibility, incentives, and data quality/completeness.



Sample data only, not actual client results.

# Wellness Coaching Outcomes Tracked for Health Expense Value Model

## What is a “value driver”?

- Wellness coaches work on a platform that displays wellness risks, tracker information, program availability and a detailed list of possible outcomes.
- Although all outcomes are tracked, a subset of the outcomes have been assigned financial values based on literature research and/or longitudinal correlation with medical expense reduction.

Reduce fat intake to 2–4 meals a day

Reduce fat intake to fewer than 2 meals a day

Exercise the equivalent of 5 times per week

Exercise the equivalent of 3–4 times per week

Quit smoking

Reduce tobacco usage by more than one-half

Weight loss (1–5% body weight)

Weight loss (6–10% body weight)

Weight loss (> 10% body weight)

Weight loss: Avert BRS surgery due to weight loss

Blood pressure: Achieve targeted blood pressure

Blood pressure:  $\geq 10$  mm reduction (5 for diastolic)

Cholesterol: Achieve targeted cholesterol level

Cholesterol:  $\geq 25$  mg/dL reduction (10 for LDL)

Diabetes: Achieve targeted HbA1c or blood sugar levels

Stress Management: Successfully reduce stress to low-risk level

# Savings Example:

## 100 Employees Quit Smoking in Year 1\*

	Year 1	Year 2	Year 3	Notes
<b>Number of smokers who quit in Year 1</b>	100	75	56	Assumes 25% of quitters relapse each year
<b>Estimated health care savings per quitter</b>	\$561	\$1,241	\$2,061	Estimated tobacco cessation savings are based on the difference in personal health expenditures between current users and former users in the research study: Repeated Tobacco-Use Screening and Intervention in Clinical Practice; <i>American Journal of Preventive Medicine</i> , 2006). The model assumes health care savings are realized gradually over time (rather than immediately upon cessation).
<b>Productivity savings per quitter</b>	\$706	\$727	\$748	Productivity savings for smoking cessation are estimated to be equivalent to 1.68% of average salary (which is assumed to be \$41,994, unless stated otherwise), based on the research study: The Effect of Smoking Status on Productivity Loss, (William Bunn III, M.D., J.D., M.P.H., et al.). Salary is adjusted annually for inflation at 3%. Productivity savings apply to employee-achieved outcomes only.
<b>Disability and workers' comp savings per quitter</b>	\$376	\$387	\$399	Short-term disability and workers' compensation cost savings are based on a comprehensive study conducted by Wright, Beard and Edington published in the <i>Journal of Occupational and Environmental Medicine</i> in 2002. Values are adjusted annually for inflation at 3%. Disability and workers' compensation savings apply to employee-achieved outcomes only.
<b>TOTAL SAVINGS PER QUITTER EACH YEAR</b>	<b>\$1,643</b>	<b>\$2,355</b>	<b>\$3,208</b>	

\*Year 1 = 2009 in this example

# Savings Example:

## 100 Employees Lose 6-10% Body Weight in Year 1\*

	Year 1	Year 2	Year 3	Notes
<b>Number of employees who lost 6-10% body weight in Year 1</b>	100	75	56	Assumes 25% of individuals relapse each year
<b>Estimated health care savings per Year 1 weight loser</b>	\$199	\$440	\$731	Savings are based on a study that quantified the relationship between Body Mass Index (BMI) and health care costs (Association of Healthcare Costs With Per Unit BMI Increase, Feifei Wang, MD, American College of Occupational and Environmental Medicine, 2006). An average of 2.6 BMI units are assumed to be lost for members losing 6-10% of their body weight (OptumHealth book-of-business analysis). The model assumes savings over time (rather than immediately upon weight loss).
<b>Productivity savings per Year 1 weight loser</b>	\$605	\$623	\$642	Productivity savings for weight loss are estimated to be equivalent to 1.44% of average salary (which is assumed to be \$41,994 in 2009, unless stated otherwise), based on the research study: Weight, Stress Management, Heart Health, Exercise, Nutrition, Diabetes Lifestyle: The Relationship Between Health Risks and Work Productivity, (Myde Boles, PhD) . Annual inflation of 3% is assumed. Productivity savings apply to employee-achieved outcomes only.
<b>Disability and workers' compensation savings per Year 1 weight loser</b>	\$376	\$387	\$399	Short-term disability and workers' compensation cost savings are based on a comprehensive study conducted by Wright, Beard and Edington published in the <i>Journal of Occupational and Environmental Medicine</i> in 2002. Values are adjusted annually for inflation at 3%. Savings apply to employee-achieved outcomes only.
<b>TOTAL SAVINGS PER YR 1 WEIGHT LOSER PER YR</b>	<b>\$1,180</b>	<b>\$1,450</b>	<b>\$1,772</b>	

\*Year 1 = 2009 in this example

# Wellness Coaching Value Model: Health Care Value Sources

## Tobacco Cessation

Estimated savings are based on the difference in personal health expenditures between current smokers and former smokers as outlined in the study:

- Solberg L, Maciosek M, Edwards N, et al. Repeated Tobacco-Use Screening and Intervention in Clinical Practice. *American Journal of Preventive Medicine*. 2006; 31(1).

## Weight Loss

Estimated savings are based on the weight loss study that quantified the relationship between Body Mass Index (BMI) and health care costs as outlined in these studies:

- Wang F, McDonald T, Bender J, et al. Association of Healthcare Costs With Per Unit Body Mass Index Increase. *American College of Occupational and Environmental Medicine*, 2006.
- Correlation of average weight loss and BMI change established by Optum Health program analysis

## Stress Management, Heart Health, Exercise, Nutrition, Diabetes

Estimated savings associated with these lifestyle modifications are based primarily on the following Health Enhancement Research Organization (HERO) study that quantified the association between modifiable health risks and health care expenditures as outlined in the following studies:

- Anderson D, Whitmer W, Goetzel R, et al. The Relationship Between Modifiable Health Risks And Group Level Health Care Expenditures. *American Journal of Health Promotion*. 2000; 15(1).
- The annual savings associated with cholesterol-related outcomes are based on OptumHealth estimates based on analysis that (1) 40% of enrollees are on statins (2) and 25% of the enrollees who achieve their target cholesterol are able to discontinue statin usage.

# Wellness Coaching Value Model:

## Health Care Value Sources

### Productivity

- Employee health status impacts both absenteeism and presenteeism
- Productivity gains realized from improvements in health status vary by specific health risk and range from 1.4% to 3.95% of an employee's time on the job
- To monetize productivity savings, an average annual salary of \$70,000 is assumed
- Productivity savings estimates are based on the following research studies:
  - Boles M, Pelletier B, Lynch W. The Relationship Between Health Risks and Work Productivity. *JOEM*; 2004; 46(7), 737-745.
  - Bunn W, Stave G, Downs K, et al. Effect of Smoking Status on Productivity Loss. *JOEM*; 2006; 48(10), 1099-1108.

### Short-Term Disability and Workers' Compensation

- Improvements in employee health status are associated with reductions in disability and workers' compensation costs
- Annual savings for each employee who achieves an outcome is \$142 for short-term disability and \$245 for workers' compensation\*
- Savings are based on the following study:
  - Wright D, Beard M, Edington D. Association of Health Risks With The Cost of Time Away From Work. *JOEM*; 2002; 44(12), 1126-1134.

\* 2010 dollar value. 3% annual inflation is assumed for disability and workers' comp cost savings.

# Zurich Farmers Wellness Coaching: ROI Summary

- The return on Zurich Farmers 2010 wellness coaching investment is determined by dividing the 2010 total savings from lifestyle modifications by its wellness coaching program cost (including Healthy Weight)
- Savings are based on OptumHealth's Wellness Coaching Value Model
  - Assumes savings from lifestyle modification are realized gradually over time (net of an assumed annual relapse rate of 20%)
  - Includes projected health care, productivity (absenteeism and presenteeism), workers' compensation and disability savings
  - Savings estimates are based on peer-reviewed industry research and OptumHealth analysis

**Total 2010 Savings**  


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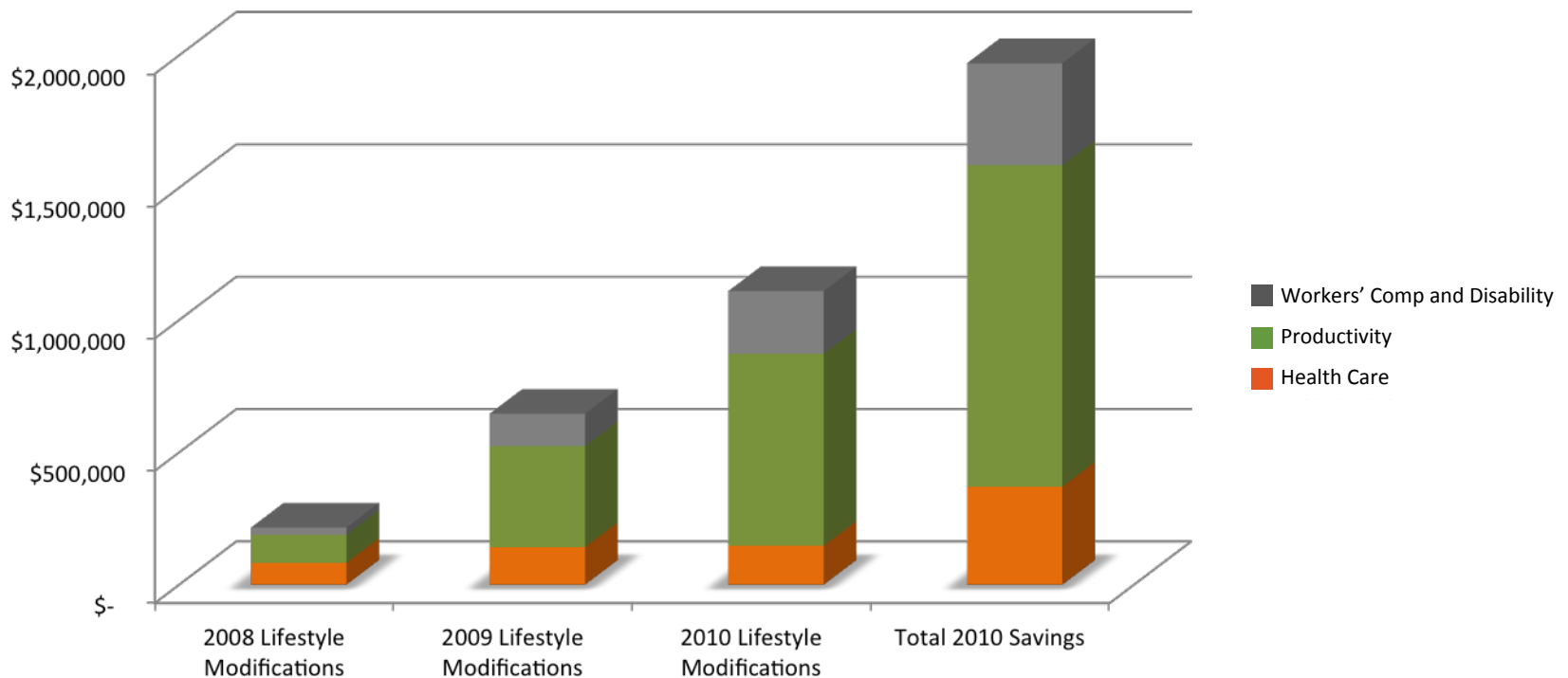
**= 3.8 to 1**  
**2010 Wellness Coaching Costs**

Lifestyle Modifications	2008	2009	2010
Weight loss (1% to 5% body weight)	75	367	509
Weight loss (6% to 10% body weight)	22	56	137
Weight loss (greater than 10% body weight)	2	8	28
BRS treatment shift	1		
Tobacco cessation	2	7	14
Reduce tobacco usage by more than 50%		1	5
Targeted blood pressure achieved			3
Cholesterol target achieved	1		—
Diabetic manages HbA1C to targeted level	2	11	4
Reduce fat intake to 2 to 4 servings a day		6	21
Reduce fat intake to fewer than 2 daily servings	4	30	83
Exercise 5 or more times per week	10		—
Exercise 3-4 times per week	5		—
Reduce stress to manageable level	29	51	63
<b>Total</b>	<b>153</b>	<b>537</b>	<b>867</b>

Table shows # of lifestyle changes made. A unique individual can make more than 1 change.

# Zurich Farmers Wellness Coaching: Savings Accumulation

## 2010 Savings By Year of Lifestyle Modification



# The Wellness Coaching Value Model

## What it is:

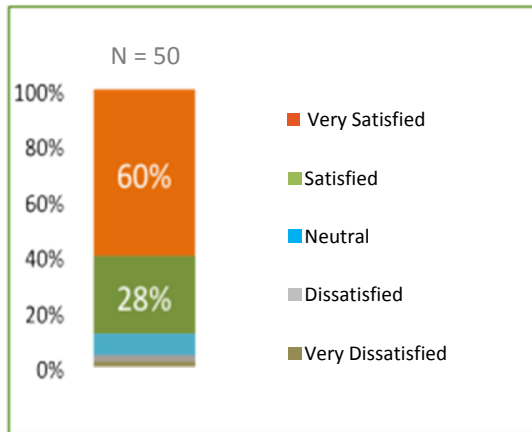
- Sum of individual behavior outcomes
- Includes telephonic coaching costs regardless of completion or outcomes achieved
- Does not require claims data on population for outcomes; not dependent on claims submission/run out or coding
- Can measure cross-carrier (health plan) populations
- Can be applied to large populations or subgroups with adequate sample size
- Rigorous process to determine monetized value of behavior change

## What it isn't:

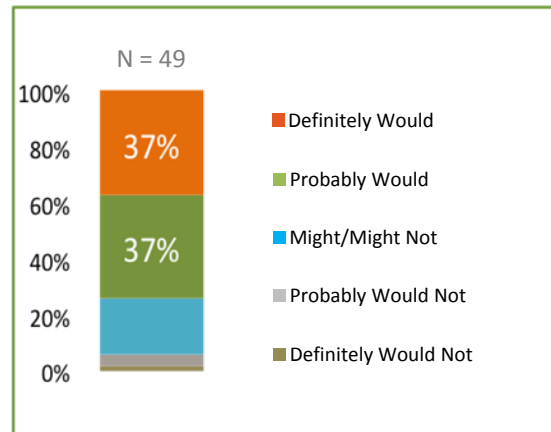
- Not designed as population analysis
- No randomized control group
- Uses “own control” per CCA outcomes handbook
- May not include non-coaching wellness program costs that contribute to outcomes; but also does not take “credit” for participants in other programs (online coaching, fitness, etc.)
- Considers any absence of improvement as specific monetized behaviors as cost neutral
- Assumes standard relapse rate over time

# HealthFirst Satisfaction Results Wellness: Satisfaction with Services

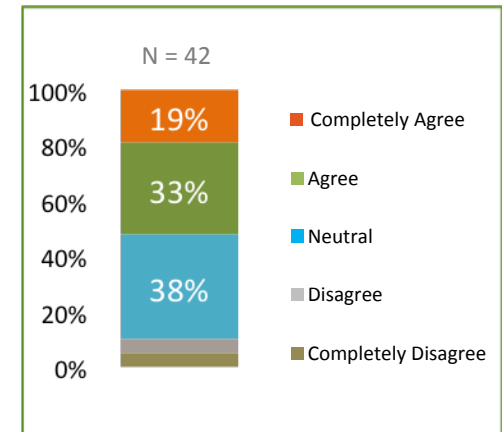
## Overall Satisfaction



## Likelihood of Recommending



## More Satisfied with Employer



Random survey of 275 Z/F members/wellness coaching program participants who completed a program. Response rate = 18%.

# H.E.R.O. Scorecard

## HealthFirst Scores Above Average

In nearly every area, HealthFirst is equal to or above the national program average

Greatest opportunity to increase score with:

- Strategic planning (Zurich and Farmers)
- Leadership engagement (Farmers)
- Engagement methods



Score	2010 Zurich	2010 Farmers	National Average	Maximum Points
Strategic planning	6	<b>7</b>	6	11
Leadership engagement	<b>24</b>	15	17	33
Program level mgmt	<b>16</b>	<b>13</b>	11	22
Program	<b>40</b>	<b>42</b>	28	56
Engagement methods	<b>47</b>	<b>46</b>	29	67
Measurement	<b>11</b>	<b>8</b>	5	11
Totals	<b>144</b>	<b>131</b>	96	200

# Lessons Learned



- Plan on a multiyear strategy
- Mix up the incentive strategy over time
- Visible leadership support pays off
- Strong creative communication is key
- Build your own Wellness brand
- Know when to raise the bar on behavior change
- Maintain sensitivity to unique cultures within your organization

# Key Success Factors



- Management support of strategy
- Develop a variety of Wellness activities
- Integrated systems support
- Emphasize Wellness year-round
- Repetition and timing are key to success

# Q&A





For More Information:

- [Driving Value - Estimating the Economic Impact of Health and Disease Management Services White Paper](#)
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- Visit us at [www.optumhealth.com](http://www.optumhealth.com)