

Part III DOCUMENTATION

What is the *Fairview Alive* Initiative?

Fairview believes that its employees are the organization's most valuable assets, and that Fairview's future lies in its ability to attract and retain highly engaged and high performing employees. The total health management initiative was designed to contribute to employee engagement and operational performance strategies.

The initial driver for the formation of the total health management initiative was Fairview senior leaders' concern about escalating employee health plan costs. Provider discounts and other managed care methods had been in place for more than fifteen years. However, Fairview realized they needed to address the root cause of health claims — the health of their employee population — rather than pursue further discount arrangements or other health plans tools.

The total health management initiative was designed to create the environment and opportunities for personal health management, consistent with Fairview values, in order to achieve optimal health of Fairview employees and their families. Fairview recognizes that employee health requires personal responsibility on the part of each individual. By offering the environment, the tools and the opportunities, Fairview assists employees with managing their own health. The focus being on shared responsibility.

A total health management program, *Fairview Alive*, was first introduced in 1996. *Fairview Alive* was one of four programs — benefits, employee assistance program, employee occupational health services, and the health promotion program — working independently to support employee health and well-being. In 1999, these departments combined efforts to reach their goals and support critical company-wide strategic initiatives:

- Financial/operational performance – Manage employee health-related costs, health plan costs, worker's compensation, disability and unscheduled time off.
- Employee engagement – Improve the quality of the workplace to increase employee satisfaction, as well as employee recruitment and retention.

Today, 16.62 staff members, along with 500 employee volunteers, deliver health-related programs and services to 13,000 benefit-eligible employees. The director of health and benefits and the *Fairview Alive* leadership team (made up of each manager from the four program areas) provide program oversight. The *Fairview Alive* core health promotion programs and services focus on employee, leadership and physician engagement.

This initiative was developed within the framework of a population health management model: programs and resources are available to employees along the entire health risk spectrum. *Fairview Alive* core programs and services strive to help employees manage their health to keep those at low risk from increasing their level of health risks, while empowering employees to take personal responsibility for managing their health. The programs are voluntary and confidential. *Fairview Alive* adopted the "Stages of Behavior Change" philosophy and has designed all the products and services to engage employees based on this philosophy.

***Fairview Alive* has three strategies: to engage employees, leaders and physicians.**

1. Employee engagement

Unique delivery system

The Fairview health system organizes itself by geographical care systems throughout the Minnesota region to provide care for patients. *Fairview Alive* also uses this model to deliver the *Fairview Alive* core program to all 13,000 benefit-eligible employees. The core program is unique in that they blend together 16.62 FTEs and more than 500 employee volunteers to design, develop, promote and implement the various program components. Program oversight for this department is by the *Fairview Alive* core program co-managers.

Fairview Alive staff

The staff come from a variety of backgrounds — health education, behavioral, dietetics, nursing, sports medicine and quality improvement. The staff is separated into two working teams. The *Fairview Alive* core corporate team oversees all the program planning, product development, system communication, program data tracking and evaluation. The *Fairview Alive* onsite team is responsible for onsite implementation, promotion and evaluation. The program components are delivered through a combination of home mail and onsite staff at each of the care systems. They are based in each of the major hospital settings and service the Fairview entities in the geographical area in which they are assigned.

Fairview Alive employee volunteers

In order to extend the *Fairview Alive* staff-reach, they have recruited “team leaders” from each of the hospital departments and remote locations. The team leader’s primary responsibility is to assist with the promotion and implementation of the various *Fairview Alive* program components. “*Fairview Alive* advisory committees” are made up of leadership employees with a variety of functions throughout the care system. This group serves as champions for the program. *Fairview Alive* also has developed a unique system for communicating with all employees. More than 400 bulletin boards have been placed through out the Fairview system. With the assistance of the volunteers, these bulletin boards are updated every two months with the latest *Fairview Alive* program information. Over 500 employee volunteers are actively engaged in the *Fairview Alive* program.

Fairview Alive core program products and services

Fairview Alive is designed to help employees and their families achieve and maintain optimal health — well-being of the mind, body and spirit. The goal of *Fairview Alive* is to provide employees with the tools and opportunities to better manage their own health and the health of their families. Because lifestyle choices are the single biggest factor affecting their health, *Fairview Alive* encourages and rewards healthy choices and behaviors.

Fairview Alive employee health kit:

Employee health kit

The employee health kit is distributed onsite or mailed to employee homes to ensure that all employees receive the kit. The kit contains several items that support employees in maintaining and achieving optimal health, including a personal health assessment called *HealthShare*[®] and the *Health at Home*[®] self-care book. Those who complete the personal health assessment receive an individualized report identifying the lifestyle areas where they are most at-risk and ready for behavior change. The self-care assessment requires employees to open the self-care book to complete it, thereby ensuring a minimum level of engagement. Employees who complete and return both the personal health assessment and the self-care assessment qualify for a \$25 gift certificate.

Preventive exam/self-care assessment

Fairview Alive provides resources to help employees take better care of their health. All employees and their family members are strongly encouraged to see their health care provider to obtain the necessary preventive exams and immunizations for their age and gender. If the employee is enrolled in the Fairview health plans, all preventive exams and immunizations are covered at 100%. Employees are asked to complete a self-report form and turn it in to the *Fairview Alive* program for credit in the incentive program.

Fairview Alive incentive program

Fairview Alive offers an annual incentive program. Employees are invited to participate in health and lifestyle activities each year and earn up to \$75 in Work Perks (company store) certificates. The program is voluntary and confidential.

Fairview Alive health education activities:

Onsite health education activities — Single and multiple sessions

Fairview employees are incented to participate in a variety of self-care, lifestyle and disease management initiatives. A variety of delivery methods are used, including single- and multi-session onsite classes, self-study materials, community classes, support groups and one-on-one health coaching.

Health education campaigns

Campaigns are interactive educational opportunities for Fairview employees. The six-week educational campaigns address a variety of health topics (physical activity, self-care, nutrition, screenings). In 2002, the topics were

physical activity and self-care. An invitation is sent to the employee's home and if the employee is interested, they return the postcard and receive the educational packet in the mail. Typically, employees are incented with a small trinket item for their completion in the program.

Self-study materials

Fairview Alive offers various lifestyle education materials in self-study/workbook binders in each care system. Employees complete and return the post-test to *Fairview Alive* to receive credit for a self-study in the incentive program.

Community classes

Many employees are not able to attend classes onsite, so they are given the opportunity to participate in a community class on a variety of health education topics. The employee needs to complete the *Fairview Alive* community class form and have the instructor sign the form and return it to *Fairview Alive* for credit in the incentive program.

Health care provider

If employees are working with a health care provider to manage a health condition or making a behavior change, they can complete a health care provider verification form and have the provider sign the form. The form can then be returned to *Fairview Alive* for credit in the incentive program.

Targeted intervention programs:

StayWell NextSteps™

This program is available to eligible employees based on their risk in one of seven health risk areas (blood pressure control, cholesterol control, eating habits/nutrition, exercise and activity, stress management, tobacco use, or weight control) as indicated by the *HealthShare*® health risk assessment, or who self report having one of three chronic conditions (asthma, coronary artery disease or diabetes).

NextSteps provides an individualized phone or mail-based opportunity for Fairview employees to work on their lifestyle and disease management health goals with a personal health coach. The phone-based program is offered over the course of a year and provides up to six individualized calls accompanied by health education to assist participants in making positive behavior changes. The mail-based program is offered over the course of six months and provides up to six mailings to assist participants in making positive changes and increases their awareness and knowledge of a topic specific health area.

Fairview Alive resources:

Fairview Alive newsletter

A bi-monthly newsletter is mailed to the homes of all benefit-eligible employees. The newsletter provides health information and a schedule of onsite health education classes and activities. Similar information is available on the *Fairview Alive* intranet site.

Fairview Alive intranet

The intranet site contains health information and a schedule of *Fairview Alive* activities and classes. The intranet site easily links employees to other Fairview health and benefits-related departments.

Fairview Alive NurseLine

NurseLine provides employees and family members with 24-hour access to health information. Experienced registered nurses provide information, education and support for any health-related concern. The NurseLine also engages employees in using the self-care book and refers callers back to the book for reference. A health information audio library also is available and offers hundreds of recorded messages on health and well-being topics.

Fairview Alive phone line

The phone line provides access to employee health-related programs and services, including *Fairview Alive* Onsite Staff, StayWell HelpLine, *Fairview Alive* NurseLine, Employee Assistance Program, Employee Occupational Health Services and the Benefits Service Center. Hearing impaired and AT & T language line is available.

2. Leadership engagement

Hospital leadership councils

Each Fairview hospital has a leadership group made up of managers and supervisors from throughout the hospital. The *Fairview Alive* onsite staff is a part of the councils, which typically meet twice a month. The onsite staff have been able to share updates on the *Fairview Alive* initiative at least twice a year and do updates on a regular bases.

Hospital senior leadership

Each Fairview care system has a chief operating officer and a human resources director. In the early development of *Fairview Alive*, each care system was asked to identify a site champion. The *Fairview Alive* onsite staff then began to develop relationships with each of these individuals. This relationship has helped onsite staff better understand the environment in which they are delivering programs and services and has helped senior leaders have a stronger understanding of the goals and purpose of this initiative. The senior leaders also provide highly visible support for the initiative. The *Fairview Alive* onsite staff typically meet once a quarter with these senior leaders.

Leadership development

Fairview managers and supervisors must participate in 40 hours of leadership development classes each year. To assist with this, *Fairview Alive* developed and implemented a course called “Life Balance for Leaders.” The focus of the course is to encourage Fairview leaders to understand the relationship between balancing work and family and how that affects their health and well-being. If they can make healthy choices, that in turn influences the employees who work for them. *Fairview Alive* continues to work collaboratively to develop additional courses in partnership with the Fairview leadership development center. Fairview also hosts a Quality Leadership Conference each year. *Fairview Alive* has offered products and services at the conference, as well as sponsorship of speakers for the employee sessions. The focus of leadership engagement is to integrate health and well-being as a priority in leadership development.

Fairview system senior leadership

The *Fairview Alive* program and its results receive regular review and interim next step approval by human resources and the system senior leadership team. A significant time investment has been made by the Director of Health and Benefits in helping the senior leadership team understand and support the initiative. The results of this investment have helped the leadership team to understand and make organizational decisions around financial operational performance and employee engagement.

3. Physician engagement

Care system physicians

Another focus has been to create awareness of the *Fairview Alive* initiative with Fairview physicians and Fairview-owned clinics. Onsite staff have begun to build relationships with the physicians at each of these locations. Employees are incented to use Fairview hospitals and clinics; currently 30% of Fairview employees and their families use Fairview-owned clinics as their primary health care provider, making our employees our patients. The goal of physician engagement is to develop a referral process for Fairview employees and to receive assistance to compliment the physician’s plan for managing employee’s disease or lifestyle risk factors. Work continues in this area to develop products that will assist the physician groups with the referral process.

Evaluation Results

1. Impact of *Fairview Alive* on total medical costs

Study methods

Design

The study used a quasi-experimental, pre-test/post-test design, comparing the change in total medical costs between self-selected *Fairview Alive* program participants and non-participants from January 2000 through June 2002.

Population

Data analysis focused on Fairview Health Services employees who elected PreferredOne coverage during the study period. After removing selected individuals based on exclusion criteria (e.g., were age 65 or older, were pregnant

during the study period, or were not continuously enrolled in Preferred One), 5,564 individuals remained in the study population. Of these employees, 1,404 were non-participants and 4,160 (74%) were program participants.

Participants were defined as those who participated in one or more of the following program components: self-care (includes completion of *Health At Home*[®] self-care survey or attending a self-care workshop); health education (includes single-session, multi-session, or self-study programs or campaigns); or *HealthShare*[®] Health Risk Assessment (HRA). Non-participants were defined as those who chose not to participate in any of the above named components.

Data sources

Fairview Health Services provided eligibility and onsite participation data to Watson Wyatt Worldwide, who summarized the data. StayWell Health Management provided *HealthShare* health risk assessment (HRA) and *NextSteps* participation data to Watson Wyatt. Watson Wyatt incorporated data from Fairview and StayWell into one data file, added health cost data, summarized all data per individual in six-month time periods and assigned anonymous unique identifiers to individuals.

Analyses

GLM univariate analyses were conducted to study the impact of *Fairview Alive* on total medical costs. Multiple regression models were used to estimate the impact of participation on the magnitude of total medical costs, medical only costs, and drug only costs. Costs were in paid dollars and adjusted to account for inflation (adjusted to June 2002 dollars) and plan changes. Claims were based on a three-month payment runout. These analyses were conducted while controlling for age, gender, length of service, location, employee type, and baseline claims.

Outliers and data distribution

To control for the effects of a wide variance and skewed distribution of total medical costs (medical and pharmacy), those whose total costs exceeded \$50,000 during any six-month period (<.1% of claims) were excluded from the study.

Adjustment procedures

Adjustments needed to be made to medical plan payments by Fairview to reflect the impact of two factors - medical price inflation and plan design changes. First, medical price inflation data for commercial payers between January 2000 and June 2002 were obtained from the U.S. Department of Labor, Bureau of Statistics. Medical and pharmacy costs were adjusted to June 2002 dollars. Second, plan design changes effective January 2001 were estimated to reduce Fairview's annual plan payments by 8.4% from what they otherwise would have been.

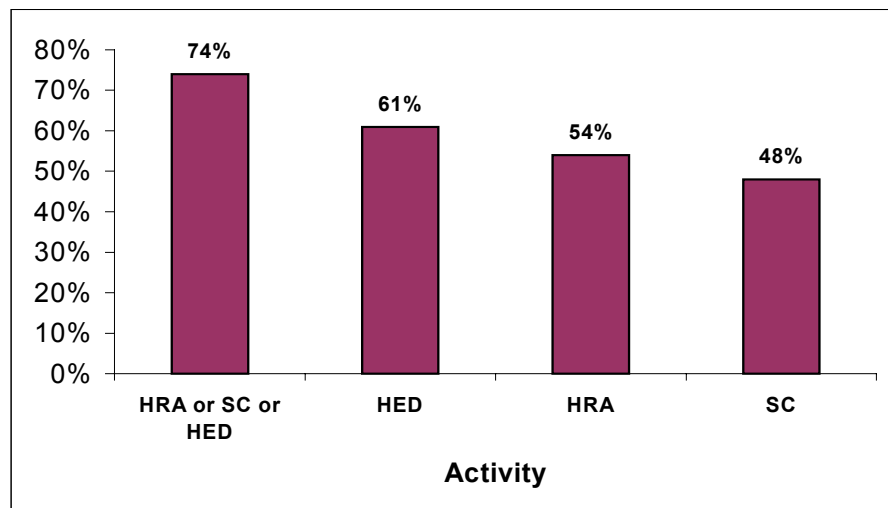
Results

***Fairview Alive* experienced high participation during its first intervention year.**

Of the eligible study population, 74% participated in some aspect of the *Fairview Alive* program (i.e., participated in HRA, self-care or health education activities).

Figure 1. *Fairview Alive* Participation – 2002

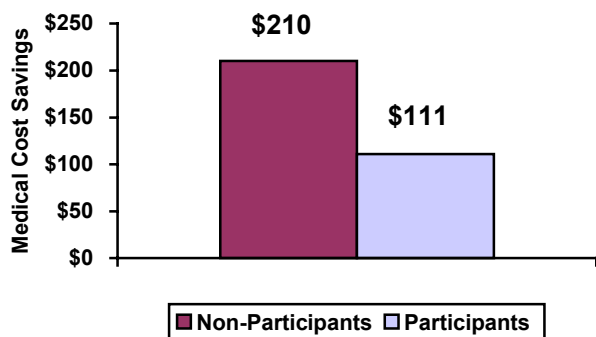
Note: HRA = Health Risk Assessment; SC = Self-Care; HED = Health Education.



Of the total study population (N=5,564), 74% participated in at least one component of *Fairview Alive*. Of those that participated, 50% participated in all three program components (HRA & SC & HED). When program participation is considered separately, 61% participated in health education activities, 54% participated in the *HealthShare*[®] HRA and 48% participated in self-care activities.

Medical costs for *Fairview Alive* participants increased \$98 less than non-participants.

Figure 2. Medical Cost Savings by Participation Status



At the end of one intervention year, medical costs for non-participants increased \$210, while costs for participants increased \$111. The increase in medical costs over time was \$98 lower for participants compared to non-participants, contributing to total savings of \$403,501 for all participants.

2. Impact of *Fairview Alive* on workers' compensation costs

Study methods

Design

The evaluation employed a quasi-experimental, pre-test/post-test design with between-group comparison of WC costs over a two-year period: one year prior to the launch of the program (1/1/2000 – 12/31/200) and one year post-launch (1/1/2001 – 12/31/2001). Self-selected participants were compared with non-participants to determine program impact. Analyses controlled for age, gender, tenure, location, and employee type.

Population

Employees were included in the analyses of WC costs if they were continuously employed, were between ages 18 and 64, and were not pregnant during the study period.

Data sources

Watson Wyatt Worldwide developed and maintained an integrated data warehouse to support the evaluation of the *Fairview Alive* program. Watson Wyatt received nine data files from multiple sources to populate the data warehouse. Fairview Health Services provided eligibility data, casual absence records, workers' compensation claims, and participation data for the health awareness programs that it operates. StayWell[®] Health Management provided participation data for the HRA, self-care, and lifestyle and disease management programs that it operates. All unique identifiers were removed from the data prior to analysis to protect employee confidentiality.

Results

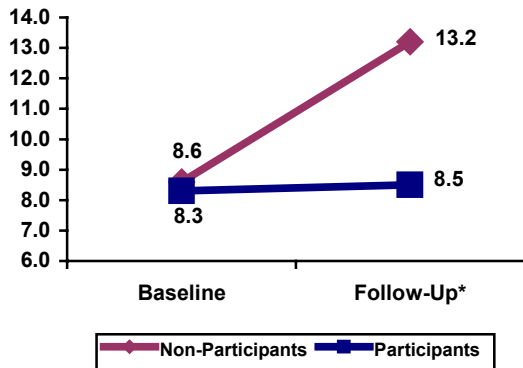
Study population

A total of 785 employees met study inclusion criteria. Of these, 581 (74%) were participants in *Fairview Alive* and 204 (26%) were non-participants. The average WC claimant was 45 years of age, female (80%), managerial/professional position (36%), and had tenure of 10 or more years (50%). Participants include employees who took a health risk appraisal, a self-care quiz and/or participated in a health education activity.

Lost injury days

Lost injury days increased 53% for non-participants (from 8.6 to 13.2 days), while only increasing 2% for participants (from 8.3 to 8.5 days), a difference of 4.4 days.

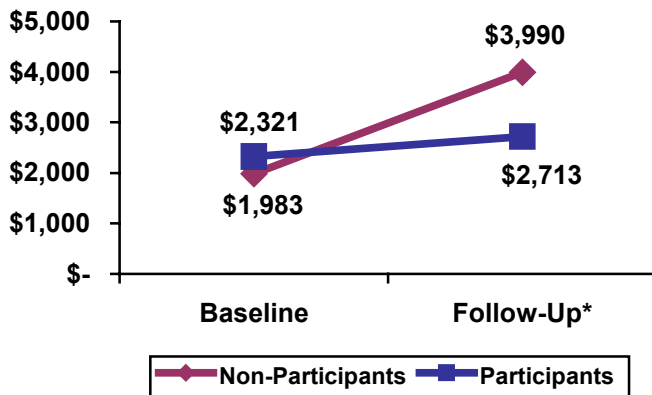
Figure 3. Lost Injury Days by Participation Status



Workers' compensation costs increased *less* for participants compared to non-participants.

Post-program launch, WC costs doubled for non-participants, while only increasing 17% for participants (see Figure 4). Adjusting for demographic and baseline differences yields an annual program impact of \$1,615 per participant. Savings were primarily derived from indemnity (66%) followed by rehabilitation and medical (20% and 14%, respectively) costs.

Figure 4. Workers' compensation cost differences by participation status



3. Impact of *Fairview Alive* on health risks

Health risks were measured using the *HealthShare* HRA. The HRA shows the total number of risks as a key indicator of an employees overall health and lifestyle, and focuses on reducing the number of risks as well as reducing each risk factor. The association between higher health risks and increased direct medical costs has been well documented elsewhere.

***Fairview Alive* participants demonstrated a reduction in health risks.**

Among the 261 participants with one or more previous *HealthShare* assessments, the number of risky habits has changed as follows since their past assessment:

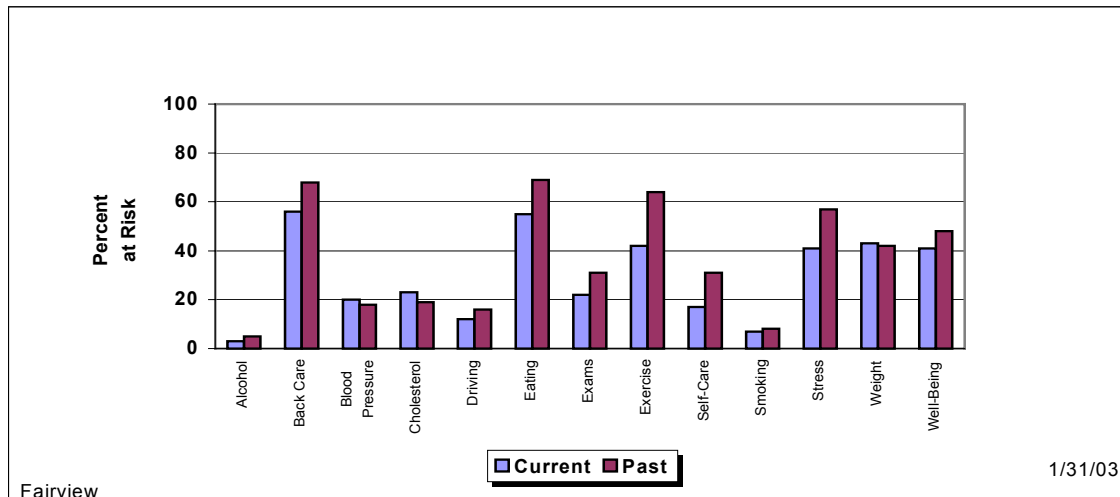
- The percentage with two or fewer health risks increased from 11% to 30%
- The percentage with three to five health risks decreased from 64% to 51%
- The percentage with six or more health risks decreased from 26% to 18%

Repeat participants currently have an average of 3.6 lifestyle health risks, which is a significant decrease from their past average of 4.4 risks. Overall, there was a 19% reduction in number of risks per participant.

The average Lifestyle Score for these 261 repeat participants is 68, which is significantly greater than their past average of 60. This indicates an overall improvement in the health risk status of the repeat participant group.

The chart below compares the current and past health risks of the 261 employees who completed two health risk assessments.

Figure 5: Changes in health risks of repeat participants



4. Impact of *Fairview Alive* on Fairview culture

Fairview Health Services employee satisfaction

Fairview Health Services provides a comprehensive health management program to employees using a population health management approach. Management’s goals are to improve employee health and productivity, to restrain increases in benefit costs, to produce an acceptable return-on-investment and to integrate many human resource programs (e.g., benefits, EAP, medical services, safety/occupational health, etc.) into an organization-wide effort to reduce occupational and non-occupational illness and injury.

- A 69% satisfaction rating was achieved on the 2002 employees perspectives survey, Viewpoint, question, “This organization is committed to employee health and well-being”, an increase over last years rating of 66%.

- Changes in the response to this question also correlated directly with changes in patient satisfaction. That is, from one survey to the next:
 - patient satisfaction scores dropped for employees when their score for Fairview’s “commitment to employee health” dropped, and
 - patient satisfaction scores increase for employees when their score for Fairview’s “commitment to employee health” increased

Fairview participant satisfaction

Participant satisfaction surveys were conducted upon completion of all health management activities such as courses, workshops, and interventions. The *Fairview Alive* program has found that participants are extremely satisfied with the overall program, the professionalism of the staff and the quality of the information provided. Some highlights from the most recent satisfaction surveys include:

98% of participants are satisfied with the NextSteps lifestyle/disease management intervention programs

95% of participants were satisfied with the onsite health education courses/workshops

95% rated the *Step It Up!*[®] physical activity campaign as excellent

Some employee comments include:

- The *Step It Up!* program shows that our system is interested in the health of the employees. It created conversation and a sort of cohesiveness among fellow employees.
- Congratulations to the Fairview employees who have participated in the Weight Watchers at Work program at Fairview Southdale and lost a total of 2,239 pounds since May 2000.
- I had been experiencing severe abdominal pain. I consulted the self-care book, called the NurseLine and was advised to go to the Emergency Room. I was diagnosed with ovarian cancer. Luckily, it was caught early and after surgery and chemo my prognosis is excellent. I credit the book for helping me decide the right thing to do.
- I had been experiencing severe abdominal pain, prompting my husband to call the NurseLine in which I was advised to go to the Emergency Room. The ER staff found a blood clot in my intestine and I was taken into emergency surgery. I feel that the NurseLine saved my life. My husband and I are so appreciative that the NurseLine was there when we needed it and we are very grateful for the assistance we received.
- When I did the assessment and received my information, I became inspired by the brochures, the book and the other mailings that subsequently came. I began a walking program with my dog at home and began to eat healthier. I have since lost almost 30 pounds!
- I feel like the NextSteps program and the *Step It Up!* campaign are two of the best things Fairview has done for their employees. It makes me feel like Fairview really cares about their employees.

Appendix A

Validity and Reliability of Health Risk Assessment

The validity and reliability of StayWell's HRA technology has been developed and tested over a 20 year period and has been subjected to rigorous validation testing. Content validity has been assured through a two-step process. Subject matter experts were consulted to identify and prioritize content domains to be included, to identify standard and often previously validated measurement protocols and develop initial questions for testing as necessary. Second, large groups of test participants were asked to complete and evaluate the questionnaire. Subsequent use of the assessment tools by several million participants had provided further verification of exceptional content validity.

Predictive validity of the assessment tools on key indicators such as mortality, medical costs and absenteeism has been validated by several studies. The American Institutes of Research, Cambridge Research Center, validated mortality predications made by 40 HRA's against cases selected from the Framingham Study that has known mortality outcomes. The validity of the StayWell HRA was comparable to the best health risk assessments available in the study. Reliability of the HRA reviewed concordance between baseline and follow-up risk levels across both self-reported and screening risk measures. For 2-week intervals of test-retest reliability assessment, concordance levels generally approached 100% for most assessed risk areas.

StayWell Impact Model™

The StayWell Impact Model (SIM™) is a proprietary analysis tool that estimates avoidable health care costs based on demographic and health risk data collected by StayWell's health risk assessment tools. SIM projects current avoidable costs related to current participant health risks. Ten health risks representing substantial avoidable health care costs are currently included in SIM. The risks are smoking, exercise, weight, driving, blood pressure, cholesterol, back injuries, stress, mental health and alcohol use.

SIM was developed based primarily on the results of a series of studies conducted by StayWell in consultation with specialized consulting firms over a 15-year period. The most recent research supporting SIM is the "HERO Study," conducted by StayWell and the MEDSTAT Group and sponsored by the Health Enhancement Research Organization. The StayWell database contains a complete history of more than 50,000 employees eligible for the StayWell Program in a major customer organization over a five-year period. Encompassing 27 locations nationwide, this employee population comprises a representative cross-section of the US workforce. The database includes demographic characteristics, health risk assessment data, and health care claim records, all of which can be linked by encrypted employee identification number for analysis. The HERO database includes these same data types.

References

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