
Program Summary
- All associates, retirees, long-term disability, and adult household members are eligible free of charge.
- Integrated services revolve around the associate.
- Referral pathways built between all offerings to increase participation.
  - Associates seen in the clinics can be enrolled directly into telephonic courses, disease management, behavioral health, etc.
  - Associates on Disability can be enrolled directly into disease management (same nurse), screened for depression, etc.
- Health Assessment is our most common front door to services, available online and paper format in English and Spanish.
- Surveys show satisfaction improved, enrollment rates increased, outreach completed earlier, and disability durations have decreased.
- Increased administrative efficiency.
- Primary nurse relationships transcend programs.
- Objectives include return to work AND return to health.

Using Data to Drive Intervention
- Outreaches to the right associates at the right time – when they’re most likely to make changes.
- Requires associates to provide their personal information only once.
- Relies on primary health coach relationship to help associates better monitor and maintain their health.
  - Referrals drive associates’ participation in programs.
  - Health coaches connect associates with appropriate programs.
- Allows associates to learn about their medical condition and supports them to make the behavioral changes needed to get healthier and return to work quicker.
- Nurse directed referrals increase higher rates in
  - Enrollment
  - Completion
  - Engagement

Best Practice – What an Integrated Approach Delivers
- Offers a truly integrated product that breaks down the barriers between programs and makes them work together.
  - Fewer multiple disability claims.
  - Nurse relationships leveraged to drive higher participation rates in programs.
  - Shared processes and data.
- Empowers associates to participate in their health care and long-term health management.
- Uses statistical data to support the cost benefits of managing the complete view of an associate’s health and absence activity.
- Behavioral Health Outreach.
- Domestic violence outreach and Depression outreach.
- Targeted reporting: associate, supervisor, program management.
- Absence pattern recognition; chronic conditions.
- Disability/Disease Management integration capabilities for earlier identification of associates in need.
- Increased associate understanding around their condition and benefits.
- Improved participation and accountability around program compliance.
  - Higher enrollment in disease management programs and lifestyle behavioral courses than best practice.
  - Improved outcomes for the associate along the entire health continuum.
- Multiple mechanisms exist for associates’ feedback and drive new program development.
  - Program Champions.
  - Wellness for All.
  - Surveys.
  - My Health dedicated email.

Health Promotion
Telephonic coaching: coach assigned for full year and specifically tailors program for each associate - topics focus on healthy living, nutrition, physical activity, tobacco cessation and weight and stress management.
Online courses: access to more than 90 online educational modules in weight management, nutrition, physical activity/exercise, smoking/tobacco cessation and stress management
Benefits Coaching program: additional telephonic coaching program to help associates make the best benefit decisions for their health status and personal situation.

Disease Management
CAD, CHF, Diabetes, Maternity Management and Oncology

Behavioral Health
Work Place Onsite Counseling (10 sites)
Domestic Violence/Depression Referrals
Community Based Counseling
24 hour Telephonic Counseling
Convenience Services
Dedicated Website with robust services

Occupational Health
Primary Care Centers
Clinical Services
Dedicated Lactation Areas
Free Onsite Flu Shots
Ergonomic Evaluations
Educational Seminars
Mobile Mammography
Allergy Shots, First Aid
Health Fairs, Health Screenings
Executive Health Physical Program

Health Portal
My Health website
Associate Resources
Brown Bag Lunches
Healthy Resource Link
Wellness Wednesdays

Concierge Services
Health Advocacy
Life Resource Counselors
Ayco Financial Services

Health Assessment
Includes Domestic Violence and Depression outreach questions
Mandatory biometric data for Health Assessment completion

Wellness Center
Free Onsite Fitness Centers
Free Pedometer Walking Program
Fitness Center Discounts w/Payroll Deductions

Health Plan and Design
Wellness Incentives
STD/LTD Participation in Disease Management Requirement
100% Preventive Care Coverage
Sick Leave changed to PTO/STD model

Absence Management
TOPS – Time Off Planning Service, automated absence tracking system (captures 100% of all absences, medical or otherwise)
STD/LTD Appreciative Inquiry
Pandemic/Communicable Illness Tracking
FMLA/State FMLA and State Disability

Initial Three Year Strategy: Key Deliverables

2006
- 2005 programs integrated, re-branded and communicated
- Health Promotion rollout to all enterprise associates
- Initial Disease Management rollout

2007
- Enhance Health Promotion programs
- Comprehensive Disease Management programs
- Shift focus from “Activity” to “Outcomes and Results”
- Develop and execute Environmental Plan

2008
- Realize reduction in rate of health care spend
- Realize improvement in associate health profile
- Integrated H&P offerings

Current Three Year Strategy: Key Deliverables

2009
- Develop new three year Internal H&P strategy and implementation plan
- Re-evaluate and execute new Environmental Plan
  - Expand participation in Health Promotion rollout to all enterprise associates and adult dependents (launching June '09)
  - Develop targeted programs based on Data Warehouse outcomes for specific business units and regions (launching Sept. '09)

2010
- Enhance Health Promotion program offerings and resources based on outcome data from 2009
- Implement Benefit Changes within Healthcare Strategy based on 2009 outcomes
- Deliver targeted programs based on Data Warehouse outcomes for specific business units and regions
- Continued implementation of Environmental changes

2011
- Continue to enhance Benefit Design and Programs based on data from 2010
- Continue to improve associate and family health profile
- Integrated H&P offerings will be utilized by all family members (including children) and associates
- Evaluate the requirements for incentives based on Outcomes and Results
Nationwide Health and Productivity Scorecard - 2008 Compared to Prior Year

This dashboard provides a comparison of the 2008 programs to Prior Year. The programs provided include Associate Assistance Program (AAP), Occupational Health Clinic (Clinic), Disease Management (DM), Disability Management (DMgmt), Health Assessment (HA), and Lifestyle Management (LM).

**SERVICE PERFORMANCE**

**Participation**
Participation is measured as the percentage of members that completed a program component after it was offered to them. Attaining sufficient participation determines whether a program can attain other program goals, such as clinical impact or financial outcomes.

<table>
<thead>
<tr>
<th>Component</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Clinic</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>HA</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>LM</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>10K-A-Day Walking Program</td>
<td>27%</td>
<td>26%</td>
</tr>
</tbody>
</table>

* Includes Active Associates only

**OUTCOMES**

**Savings**
Savings is the measure of program outcome. Savings are measured within each program component for both direct and indirect savings.

<table>
<thead>
<tr>
<th>Component</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP Medical</td>
<td>$30</td>
<td>$56</td>
</tr>
<tr>
<td>AAP Workloss</td>
<td>$5</td>
<td>$62</td>
</tr>
<tr>
<td>DM Medical</td>
<td>$36</td>
<td>$125</td>
</tr>
<tr>
<td>HA Medical</td>
<td>$41</td>
<td>$20</td>
</tr>
<tr>
<td>HA Workloss</td>
<td>$360</td>
<td>$827</td>
</tr>
</tbody>
</table>

**ROI**
Return-on-investment (ROI) is the measure of program outcome. ROI is calculated as program savings divided by program costs.

<table>
<thead>
<tr>
<th>Component</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP</td>
<td>3.7</td>
<td>4.6</td>
</tr>
<tr>
<td>DMgmt Workloss</td>
<td>0.3</td>
<td>2.0</td>
</tr>
<tr>
<td>DM Medical</td>
<td>0.3</td>
<td>2.0</td>
</tr>
<tr>
<td>HA Medical</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>HA Workloss</td>
<td>1.8</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**SATISFACTION**

**Satisfaction**
Satisfaction measures overall program participant satisfaction using the vendor’s satisfaction survey results.

<table>
<thead>
<tr>
<th>Component</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Clinic</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>DM</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>DMgmt</td>
<td>93%</td>
<td>96%</td>
</tr>
</tbody>
</table>

5+ Risks, $208.12

2008 non-participators are 20.2% Cost $111.96. Decreased from 28.5% in 2007!

PMPM Cost Associated with HA Lifestyle Risk Levels (PEPM Active Only), bubble size to scale
Methodology for Reporting Metrics

**Health Assessment**

**2006 and 2007:**
This health assessment offers the opportunity to track health behaviors, risk for disease and diagnosed conditions over time.

- Results of all Nationwide health assessment respondents in 2006 (n=12,989) compared to results of all Nationwide respondents in 2007 (n=20,023). This comparison shows a general trend in the health of our population.
- Results of only those Nationwide respondents who completed the health assessment in both 2006 and 2007 (a subset of all respondents). Comparing the same group of individuals over time (n=8,513) can reveal the impact of health improvement policies, programs and interventions designed to improve associate health.
- Results of Nationwide respondents compared to a broader population of everyone who completed the health assessment in 2006 (n=71,901). It is important to note that the norm of a broader population should not be interpreted as a standard for health. For example, as shown by the high rates of obesity among Americans, “normal” is not necessarily healthy.
- The Modifiable Health Potential Score (MHPS), for Nationwide, improved by 12 points, or 3.3%. This is associated with a significant reduction in medical claims costs. Each 1-point reduction in MHPS equates to an average reduction of $7 per person-year in medical costs. For the Nationwide population, this improvement in MHPS would be equivalent to, on average, a $42 per person-year reduction in claims costs, or $1.5 million per year saved across the entire population.
- Health-related productivity (i.e., absenteeism and presenteeism) improved by 22%. The average associate, who reported loss productivity due to health reasons, lost 3.24 hours/week in 2006 compared to 2.52 hours/week in 2007. This translates into an estimated savings of $2.4 million per year.

**2008:**
- For this health assessment, behavior change evaluation was conducted following the approach of applying a financial valuation to risk shifting, both positive and negative, according to peer reviewed literature by Burton et al, Yen et al and others. During the 2008 campaign a net of 2,714 modifiable behavior and health risks were eliminated among the cohort of associates completing the health assessment survey pre and post program, representing an estimated $8.8 million in direct and indirect savings.
- Based upon associate only risk shifts between 2007 and 2008 campaigns; assigned industry standard savings estimate of $365 in direct medical costs per year (indirect productivity gains are recognized in the Absence Management line item, below).
- Based upon HA-based self-reported difference between 2007 and 2008 excess productivity loss, calculated as the annual change in the gap between healthy and non-healthy group absenteeism and presenteeism rates, multiplied by NWA average salary.

**Integrating Behavioral Health Outreach**

- Subjects: 2006 and 2007 HA responders (i.e., repeaters; N=10,085)
- All data based on the JourneyWell “Your Health Potential” HA
  - Primary outcome of interest: Abusive relationships or situations
  - Abuse situations were operationally defined as:
    - Verbal/emotional abuse ("In the past year, have you been verbally or emotionally abused, such as threatened, intimidated, insulted or controlled?")
    - Physical abuse ("In the past year, have you been physically abused, such as kicked or choked?")
  - Response option: “Yes”, “No”, or “Choose not to answer”
  - Change from 2006 to 2007 defined as:
    - Improved
    - Stable: not abused
    - Stable: abused
    - Worsened
- Predictor variables: age, education, body mass index (BMI), Total Health Potential Score (THPS), Modifiable Health Potential Score (MHPS), Non-modifiable Health Potential Score (NMHPS), Quality of Life Score (QOLS), overall productivity loss (WPAI), absenteeism, presenteeism, diet quality, moderate physical activity, tobacco use, depression, stress, sleep, back pain, general health status, and requested follow-up for domestic abuse support.

**EAP Methodology**

Use Nationwide specific average costs for salary, annual turnover, medical claims costs, the actual annual EAP premium and associate EAP utilization (including the number of management referrals) and then make projections of savings in absenteeism/presenteeism, employee retention, MHSA claims savings, and reductions in medical claims based on established industry savings levels published in professional journals on EAP return-on-investment studies.
Methodology for Reporting Metrics Continued

**Disease Management (DM) Methodology**

The Disease Management Program identifies potential program participants through their RiskScreen® model which determines specific disease acuity levels. Certain levels result in an outreach call to our associates, dependents and retirees to invite them to actively participate in the program.

At the lowest risk level, associates, dependents and retirees found to be compliant with caring and treating their condition receive disease specific literature and a letter inviting them to participate in the program. All participants continue to be evaluated for acuity.

Each program focuses on providing personalized attention by offering dedicated nurse health coaches to provide confidential support and outcomes-based solutions. In order for a participant to be considered to have achieved their goals, the following conditions must be met:

- They participated in a Disease Management program and
- Lab values (or other possible compliance measures) were reported to the nurse at both the beginning and end of the program.

It is important for the participants to understand the significance of collecting the baseline and final lab values. Through proper assessment of participants eligible for measurement and positive post-program clinical values, accurate cost avoidance can be determined.

Initially, the savings are based upon 2008 calendar year cost avoidance savings for associates (estimated). Summarizes clinical indicators collected for closed cases within the reporting period. A cost savings is calculated for each clinical indicator based on the total patients that achieved the clinical indicator goal multiplied by its annual economic value. If a patient has comorbid conditions, they will be counted more than once to account for the comorbidities for which there are clinical indicators.

**Disability Management (DMgmt) Methodology**

Estimated return to work date based on Presley Reed disability guidelines, the treating physician’s plan of care, job duties and any co-morbidities. Dollars saved is based on the average Nationwide salary. Recaptured dollars include RN case manager coordination of multiple payment vehicles (i.e., SSDI, Workers’ Comp, State Disability, etc) as well as uncertified (unpaid) absences.

**ROI Methodology (then subsequently validated)**

- The ROI uses a DMAA based pre - post, adjusted historical control methodology to determine ROI outcome
  - The ROI report use “annual qualification” in which each measure period chronic population is defined uniquely, using identical criteria for chronic member identification
  - Includes “all” medical and pharmacy claims costs for members in the population (i.e., not restricted to disease-specific costs)
  - All member’s high-cost claims are capped at $100,000 / $15,000 per member per year to control for the effect of outliers in the analysis

- ROI Calculation Member Selection Criteria
  - Identify members as eligible and chronic based on a review of medical claims when health services were rendered during the base or measure periods Must have at least 2 occurrences of an eligible condition on separate dates using ICD-9 diagnostic codes; neonatal conditions are identified with CPT codes
    - Medicare ineligible (< 65)
    - 6 months of eligibility in a given 12 month period

- ROI Calculation Member Exclusion Criteria
  - Exclude members and/or member claims from the ROI calculation for 2 reasons:
    - Patients with comorbidities making it difficult for the member to gain benefit from the program
      - Transplantation
      - Dialysis
    - For events and diagnoses that are potentially costly but clearly unrelated to the disease management program
      - Cancer
      - HIV/AIDS
      - Trauma
      - Maternity
      - Infertility
Innovation

Integrating Behavioral Health Outreach in the Health Assessment

- **2005** - Created company wide domestic violence training and support
- **2006** - Added domestic violence outreach questions to health assessment
  - Response rate exceeded expectations
  - Higher than expected % of men requesting resources
  - Not just spouse/partner issues; also family dynamics, PTSD (rape), etc.
- **2007** - Added depression outreach questions to health assessment
  - Response rate significant (12 %)
  - EAP utilized for outreach
- **2007** - All nurses trained on depression screening questions and warm transfers to support services
  - Occupational Nurses screen during clinic encounters
  - Disability Nurses screen during Short and Long Term Disability with special emphasis on Adjustment to Disability & Post Partum
- **2007** - Create the support infrastructure before implementation
- **2007** - On-site counselors added at each clinic location
  - Workplace counselors in 10 locations across the country to assist with personal concerns, work/life balance, having difficult conversations, management consultants and emergency response
- **2007** - Added Management Consultation with EAP to performance coaching to help support supervisors
- **2007** - Referral Pathways between programs developed with Communication Plan and Web resources
- **2007** - Wellness for All
  - Team reviews/provides feedback on program initiatives and enhancements looking at physical, cultural and ethnic influences.
  - Looking at opportunities for disabled associates or those with a chronic medical condition.
- **2008** - Added direct referral for counseling

Repeated Measures for 2006 – 2007

Overall absolute reduction of 3% (32.6 relative reduction) in abuse prevalence

All data based on the JourneyWell “Your Health Potential” health assessment (HA)

- Primary outcome of interest: Abusive relationships or situations
- Abuse situations were operationally defined as:
  - Verbal/emotional abuse (“In the past year, have you been verbally or emotionally abused, such as threatened, intimidated, insulted or controlled?”)
  - Physical abuse (“In the past year, have you been physically abused, such as kicked or choked?”)
- Response option: “Yes”, “No”, or “Choose not to answer”

Referral and Productivity Outcomes from 2006 to 2007

- Overall Productivity (mean % of scheduled work hours)
  - Not Referred (n=9,907)
  - Referred (n=178)

* Significant within-group change between 2006 and 2007 (p<0.05).
† Significant between-group difference in change scores (p<0.05).

Analytical Question – Do associates who were referred for follow-up differ in terms of health and productivity outcomes as compared to their non-referred counterparts?
- Subjects included HA repeaters in 2006 and 2007 stratified by those who received a referral in 2006 and those who didn’t.

EAP Utilization

Percentage of Utilization

Increased programs, increased referrals, increased intervention drove no additional spend – no increase to PEPM during this period
State of Health Risk Comparison Year 2 to Year 3

Year 2 (2007) - Nationwide Associate “State of Health”

- Low Risk: 46%
- Moderate Risk: 23%
- High Risk: 25%
- Chronic Disease: 6%

1% overall improvement from High Risk to Low Risk in first year

Year 3 (2008) - Nationwide Associate “State of Health”

- Low Risk: 51.9%
- Moderate Risk: 29.3%
- High Risk: 13.4%
- Chronic Disease: 5.4%

0.6% overall improvement/shift from Chronic Disease and 11.6% from High Risk to Low/Moderate Risk since second year*

*moved from Vendor 1 to Vendor 2
**My Health Promotion**

Dedicated pages on internal website – used to communicate and promote all aspects of My Health.

Monthly Online Newsletter - monthly features include “What’s Up Doc”, safety tip, healthy recipe and consumerism article.

Associate Testimonials – associates share their success stories, which are featured on posters, single page handouts and a dedicated web page.

Incorporated with Annual Enrollment – completion of the Health Assessment gives the associate a better understanding of their overall health status and helps with selection of benefit plans that meet their specific needs.

Variety of communication materials used – brochures, table tent, posters, buttons and dedicated website pages. While branding remains constant, material content is updated with each year’s launch.
My Health Promotion

Healthy Holiday Challenge – encourage associates to continue their healthy lifestyle choices/changes during the holiday season.

Wellness Wednesdays – associates can talk with an Associate Health Services representative to learn more about healthy living and the My Health program.

Healthy snack breaks – departments can schedule a break with healthy snacks and a speaker on topics such as stretching, stress management and fundamentals of food.

My Health Champions – volunteers who support and promote the program efforts across all demographic and geographical locations.