

Over the past 10 years, 600,000 people have participated in these programs. One example of health improvements involved Harriman Jones Medical Group. This group conducted a follow-up study on non-insulin dependent diabetic patients who had attended diabetes management classes to evaluate the impact of education on decrease in the use of oral agents for diabetes management. Three month follow-up revealed a 35 percent decrease in the use of oral agents.

Wellness Direct to the Home

Immunization

Health Net has a proactive approach to measuring and improving our member childhood immunization rates. The company goal was to improve immunization rates by motivating and educating parents of children who had just turned two as to the importance of immunization. In 1994, over 17,000 households received a mailing consisting of a letter explaining Health Net's immunization program, a personal immunization record for their child, and a colorful piece describing the incentive they would receive if they mailed the completed record back to Health Net.

In 1995, immunization efforts were broadened to include a member phone survey. Health Net conducted a telephone survey to a sampling of 17,000 households to determine the impact of a 1994 campaign and to assess barriers and attitudes toward childhood immunization. The survey found that 88% of those not fully immunized thought their child had been fully immunized. There is evidence suggesting that this type of mail-based program is an effective and efficient way of improving compliance with recommended immunization schedules.

The campaign has been expanded to include reminders at key immunization times, provider efforts, Spanish-language messages and phone call follow-up. To ensure babies receive their full series of immunizations in a timely manner, a reminder postcard is sent at 6 months, 12 months (birthday card) and 18 months of age. This data is assisting in monitoring progress and in improving plan immunization rates.

Maternity Education Program

In order to examine ways to reduce childbirth complications and related costs, Health Net conducted a perinatal education program. Specific goals in this pilot study were to reduce costs associated with premature births, low birthweight, and unnecessary cesarean sections. The program was a voluntary preconception and maternity education service for Health Net members. All women of childbearing age (18-45) within selected employer groups were eligible.

During the preconception phase women received a specifically designed questionnaire with risk assessment feedback, preconception counseling and education. During the prenatal phase a second risk assessment was given, along with phone counseling, birth planning, and childbirth education class referrals. The postpartum phase also included risk assessment, assessment of delivery experience (including emotional adjustment) and, if necessary, provision of infant care services.

All participants received educational materials and a video. As an incentive for members to join the program prior to becoming pregnant, women who returned to preconception assessment questionnaire received \$5 or the book "Planning for Pregnancy, Birth and Beyond" published by the American College of Obstetricians and Gynecologists.

In order to evaluate effectiveness of the program, the plan compared pre- and postnatal outcomes to similar populations: Non-participants from the New Mother's Survey; Health Net Employer Experience; State Comparisons; National Comparisons. The information learned from this pilot study are incorporated into an overall comprehensive care management program.

Results

Maternity education program members had 5.71% premature deliveries compared to 7.93% for non-members. This would result in a savings of \$320,000 based on an average cost of \$20,000 per NICU case. The program cost was \$225,000, hence the net potential savings would be \$119,000 or \$9.2 per program participant.

New Mother Survey

The purpose of the New Mother Survey is to study and improve Health Net's prenatal care program, to track progress toward Healthy People 2000 goals, and to increase the number of new babies receiving immunizations in a timely manner. A survey is mailed to the mother of each Health Net newborn to collect information on premature delivery, birth weight, C-Section history, satisfaction with care during pregnancy and delivery as well as information relating to Health Net's prenatal education classes. An immunization record is enclosed with the survey and a letter to the parent which includes a reminder of the immunization schedule and the importance of getting the baby immunized on time. Additional follow-up occurs by mail and phone to ensure the survey is returned and mothers are aware of the need for their child to receive all immunizations.

The Maternity Report Card is an instrument that allows the plan to track information on obstetric care. This report provides normative data for each of the components (e.g. birth weight, C-section, etc.) which sets

benchmarks of performance and targets, as well as monitors improvements in prenatal care, delivery, outcomes and member satisfaction.

Results

Data collected in the last quarter of 1994 indicate that 95.6% of the mothers had received prenatal care, which exceeds the Healthy People 2000 goal of 90%. High member satisfaction with their prenatal care and the delivery were also noted.

Breathe Easy Smoking Cessation Program

The Breathe Easy Smoking Cessation Program is a six-month, telephone-based program that emphasizes modification and support for individuals who want to quit smoking. Breathe Easy's most appealing feature is the ability to provide personalized counseling based on the individual's nicotine addiction level and readiness to quit. As the member progresses through the various stages of the cessation process, (pre-contemplative, contemplative, action, and maintenance) he/she will receive telephone counseling and educational support focused on the specific concerns and problems associated with their stage in the quitting process. Breathe Easy is supported by specially trained counselors using an on-line tracking and decision support system to allow for timely patient follow-up, data collection and outcomes analysis.

Results

Preliminary smoking cessation findings demonstrate that of the 344 who both enrolled and completed the six month program there was a quit rate of 30%. In addition, 55% of those who quit smoking (N=33) were still smoke-free 12 months after the conclusion of the survey. A Health Net examination of member claims indicates smokers incur 30% more in hospital costs and 7% more in overall costs.

Diabetes

The Diabetic Care Management Pilot Program is designed to maximize compliance to clinically recognized interventions in the care and management of diabetics. The program's objective is to enhance the quality of care rendered to diabetics, and to reduce the chances of diabetes-related complications and cost of care. The program uses a clinical decision support program for tracking, patient care and health outcome measurement. It relies heavily on a diabetic management team which focuses on trained nurses for the primary delivery of care.

Two provider medical groups participated in the study. Patients were randomly selected for two cohorts: experimental and control. Glycated hemoglobin and health status questionnaires among other data elements were collected at baseline and follow-up.

Existing research suggests that appropriate education and intervention programs such as this one can prevent a substantial number of diabetic-related complications and improve quality of care.

Results

The experimental cohort at both sites demonstrated a significant decrease in patient glycated hemoglobin levels. Data from one intervention group (N=114) indicate that there was a significant decline in glycated hemoglobin (HbA1C) from 8.77% to 7.42% over 12 months. The other provider group also showed a significant decline from 10.42% to 9.12% (N=113).

Worksite Wellness Programs

These programs give contracting employer groups the resources and information they need to start or enhance a wellness program tailored to the company's and employees' needs. In addition to planning tools/guides, vendor discounts and expert consultation, Health Net has a variety of wellness programs for employers. Examples include: stress management, walking programs, goal setting programs and a videotape lending library. Health Net's Worksite Wellness Programs may also include one of four comprehensive wellness program options and any combination of the following: account management, screenings and health fair services, health risk assessments, employee surveys, self-care education, behavior change programs on a variety of topics, incentive programs, targeted risk interventions, and program evaluation.

Worksite Program Example-Rockwell

The Rockwell (Palmdale, California) wellness program began in February 1993 with the primary objective of affecting positive changes in a variety of cardiovascular disease risk factors, employee morale, work and health attitudes. Objectives also included: improving absenteeism, worker's compensation claims, injuries and disabilities and health care claims costs. The program includes:

- A wellness survey measuring changes in employee health habits work and health attitudes and interests over time. The wellness survey was implemented in February 1993, 1994 and 1995.
- A health fair and health profile implemented in March 1993, 1994, 1995 to obtain screening measurements and assess self-reported health information while providing education and follow-up.
- One-on-one health advisement, an eight month program targeting the high risk participants from the health fair and tracking changes over time.

Rockwell has a full-time representative on site who coordinates the wellness programs and issues a monthly calendar of related events. Employees who wish to attend the programs may adjust their schedules accordingly. Contests with promotions and prizes were formed to encourage people to track and submit their healthy behavior achievements.

The data are collected by Health Net to preserve employee confidentiality and also to encourage frank responses. Program and speakers were tailored to the health needs and interests of the participants based on Wellness and Health Fair Survey results.

Results

All employees were sent a Wellness Survey. Results indicate that usage of the Rockwell recreation center (which may be for recreation, fitness, services or information) increased from 43.8% in 1993 to 65.5% in 1994. To examine trends in the cohort which participated in all three surveys (N-113) a repeated measures analysis of variance was used to examine whether there was a time trend and whether this trend differed by health advisement group. It was hypothesized that those under health advisement may have different trends because they may have received a more intensive intervention. There was a significant downward trend over time in the number of sick days which declined from 2.2 in 1993 to 1.7 in 1994 to 1.3 in 1995. (Of note, at this first two timepoints participants were asked how many days they missed work or had activities limited due to illness, while at the last timepoint they were asked only about missing work due to illness). Those who were under health advisement went from a mean of 2.4 days in the past year to 1.2 days. Those who were not under health advisement went from 2.2 days to 1.3 days. Trends did not differ significantly between those under health advisement and those who were not. The mean cost of a sick day at Rockwell is \$259. The number of visits to a physician also declined, though not significantly.

A cohort of 62 people attended all three health fairs. Based on similar repeated measure analysis of variance there was a significant increase in the aerobic exercise score. Exercise increased from 1.6 to 2.1 on a scale which ranged from no exercise (0); once a week or less (1); two times per week (2); three times per week (3); four or more times per week (4). HDL also increased significantly between the second and third timepoints from 45.0 to 48.6. For body fat (as measured by Futrex machines) there was a significant time by advisement group interaction indicating that those who were under health advisement had a significantly different trend from those who were not. Those who were not under advisement had an increase in body fat from 23.4% in 1994 to 25.7% in 1995 while those who were under advisement went from 27.2% to 26.0%.

Results from similar worksite programs, such as at the City of Monrovia and Harman International, have included improvements in absenteeism, diet, exercise, job and health attitudes. The City of Monrovia wellness program demonstrated that their wellness program had a cost saving of \$10 for every dollar invested.

Self-Care

Starting in 1990, Health Net distributed over 600,000 self-care handbooks to its members. Workshops at various worksites reinforced the use of a self-care handbook, Healthwise Handbook. The workshop was revised in 1995 to include the Well-Informed Kit, which is a kit that helps patients prepare for their doctor visit and track preventive care services. It is expected that after attending the workshop that the participants will use the materials on an ongoing basis to help make appropriate decisions about health care utilization, managing preventive and treatment-oriented needs, prepare for doctor's visits, and communicate more effectively with medical providers.

Results

Of the 3,496 randomly sampled members who received a self-care book, 75% of the respondents had consulted the book in the first six months and 98% were "satisfied" or "very satisfied" with the self-care handbook. 61% had used it to treat colds or flu. 90% were "likely" or "very likely" to use it in the future.