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# Eversight 2016 Strive Executive Review

Presented by Kapnick Insurance Group



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## **Summary**

#### **Key Points of the 2016 Review**

#### **Trends**

- Average health score is 79.6 points (low risk level).
- 13 participants were at high risk for cholesterol and 62% of those individuals were unaware they were even at risk.
- 13 participants were eligible for the Review of Finding's health coaching call. That is 13% of the entire screening population.

#### **Top Health Risks**

- Weight Management
- Nicotine Usage
- Heart Health: High Cholesterol

#### **Goals for Upcoming Year**

- Continue to increase program participation.
- Help individuals find ways to be more accountable for their health year-round through various platforms such as mobile apps and the HC360 web portal.
- Improve scores of current top health risks.
- Target participants in the high/very high risk level (health score of 60 points or below) to review health report and top risk factors.

#### **Wellness Strategy**

- Develop Lunch & Learns topics that will increase education about high cholesterol and nicotine cessation.
- Develop individual and team challenges to increase physical activity and improve nutritional habits among participants to help with weight management.
- Participants will receive a voluntary telephonic coaching call from a certified Kapnick
   Strive Health Coach to discuss lifestyle modifications to improve health. If no
   contact is made after initial call, participant will receive a follow-up call in 30 days along
   with a follow-up email when applicable.



## **2017 Employee Events**

- Lunch & Learns
  - Office Fitness
  - o A Lifestyle, Not a Diet
  - o Happy, Healthy Heart
  - o Healthy Cooking Demos
  - o Laughter for Stress
  - Office Fitness
  - Strive Employee Meetings
- Fitness Challenges
  - o Office Olympics
  - Walktober
  - o Try Something New
  - Summer Bucket List
- Core Programs
  - o Tobacco Cessation (12 weeks): "Kickin' Butts"
- Screenings



## **Participation and Demographics**

Strong participation numbers ensure eligible employees and dependents are being educated on their health risks. In addition, a more complete representation of the population is being screened, which allows for better analytics and a comprehensive view of your population's risks. The tables below show some demographics of screening participation this year and in years past.

	EVRST Participants	EVRST Average Age	EVRST Average Score	HC360 Avg. Score
<b>EVRST 2016</b>	100	39	79.6	75.94

Ideal =100-86 Low = 85-71 Moderate = 70-81 High = 60-51 Very High = 50-0

	2016 # of Participants	% of Participation	
Male	28	28%	
Female	72	72%	

<sup>\*</sup>Please note the above graph does not include 3 additional Eversight employees that were incentive eligible via RAS (2 Korea) or Medical Necessity (1 Ohio) standards.

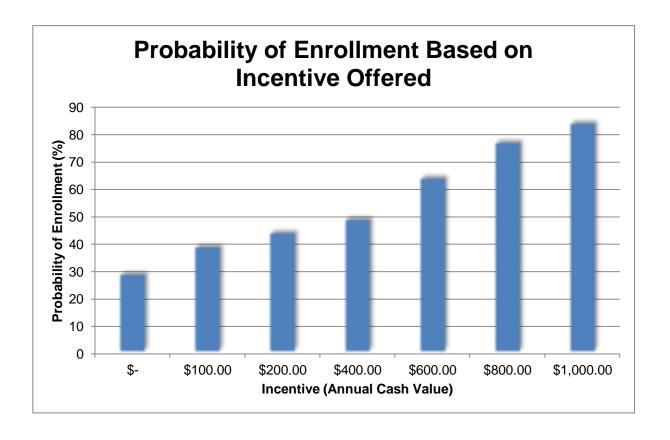
## **Participation/Incentive Structure**

2016 Eligible Employee Participation 103/164 = 63%

#### Incentive Offered: Premium Reduction of \$500 annually

To qualify for the full wellness incentive, Eversight employees had to just participate in both the screening and completion of their HRA survey this year.

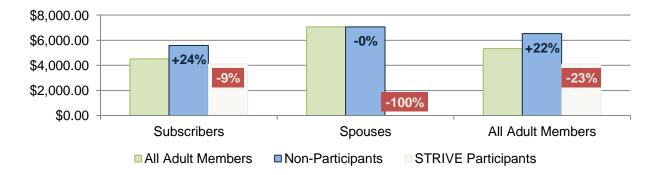
In the future previously eligible participants (includes past participants AND employees that waived participation) must have a Health Score of 71 or higher OR improve his or her Health Score by 5 points from the prior year.





## **ABC SAMPLE** Paid Medical and Drug Company PMPY

	Subscriber Enrollment	Subscribers	Spouse Enrollment	Spouses	Total Enrollment	All Adult Members
STRIVE Participants	395	\$4,115.66	0	\$0.00	395	\$4,115.66
Non- Participants	149	\$5,591.03	256	\$7,063.11	405	\$6,521.53
All Adult Members	544	\$4,519.76	256	\$7,063.11	800	\$5,333.63



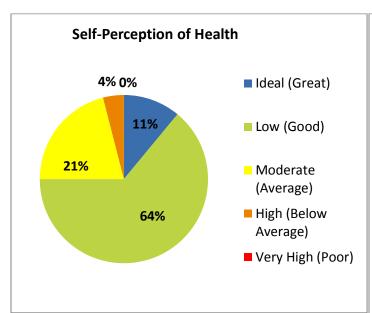
Please note that the above analysis is only an <u>example</u> of an ABC company considering members with claims during 2015; the claims PMPY would be lower if the analysis including members who did not have any claims paid for them in 2015, and the variance between participants and non-participants as well as between subscribers and spouses may be different.

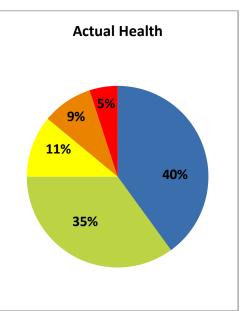


## **Health Score Analysis**

### Self-Perception vs. Actual Health

The following graphs show a comparison of participants' perception of health as self-reported on the Health Risk Assessment and their actual biometric score. This is important for bringing awareness to those who over or underestimate their current state of health.





2016	Self-Reported	Actual Results	
Low/Ideal Risk	75%	75%	
High/Very High Risk	0%	5%	



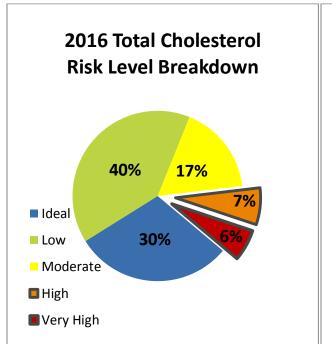
## **Biometric Averages**

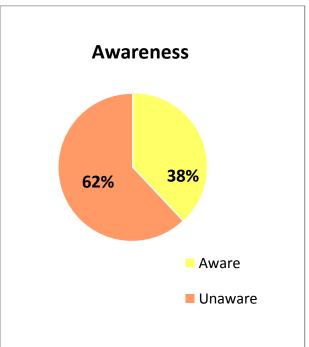
	2016	HC360
Total Score	79.61	74
ВМІ	29.18*	30
Waist/Hip Ratio	0.85	.87
Blood Pressure: Systolic	113.53	117
Blood Pressure: Diastolic	72.04	75
Cholesterol	184.54*	191
HDL (Good)	57.25*	54
LDL (Bad)	101.27*	110
Triglycerides	121.49	132
Blood Sugar	94.76	99

<sup>\*</sup> Indicates categories that are considered at risk

#### **Heart Health: Total Cholesterol**

Cholesterol is a main factor in determining overall heart health. The graph below shows the breakdown of your participants cholesterol ranges. The awareness graph shows what percent of participants scoring in the high or very high risk were aware of their condition.





**Area for Attention:** of the 13% at risk, 62% were unaware they had high to very high cholesterol.

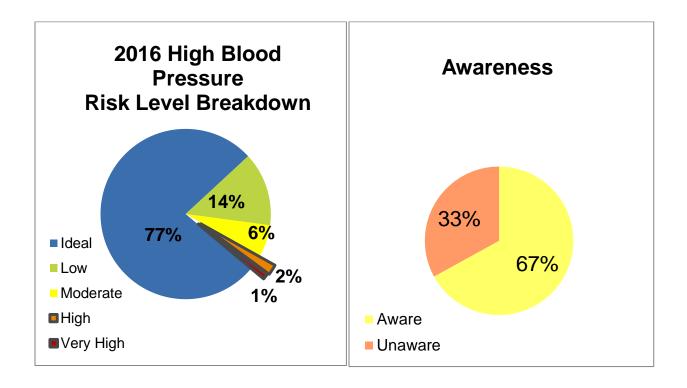
- Cardiovascular disease is the leading cause of death in the U.S. In fact, it kills more Americans each year than all cancers combined. Approximately 17% of all national healthcare spending focuses on this disease alone.\*
- By 2030, approximately 40% of the U.S. population is expected to have some form of CVD. As a result, direct medical costs for CVD in the U.S. are expected to triple from \$273 billion currently to \$818 billion in 2030.\*



<sup>\*</sup>Statin Usage. 2016. www.statinusage.com

### **Heart Health: Blood Pressure**

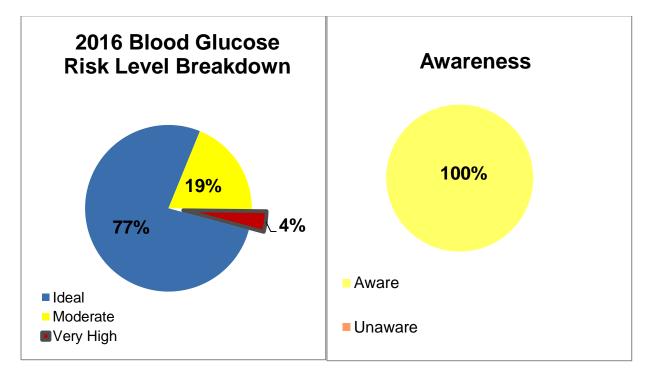
Blood pressure is another main factor in determining overall heart health. The graph below shows the breakdown of your participant's blood pressure ranges. The awareness graph shows what percent of participants scoring in the high or very high risk were aware of their condition.



Area for Applause: of the 3% at risk, 67% were aware they had high cholesterol.

#### **Diabetes Risk: Blood Glucose**

Diabetes presents a serious risk to your participants and also to your bottom line. Undiagnosed diabetics are a catastrophic claim waiting to happen, while those who are diabetic present a significant cost, especially if they are not compliant with their care. The graph below demonstrates your populations risk for diabetes. The awareness graph shows what percent of participants scoring in the high or very high risk were aware of their condition.



Area for Applause: 11 participants self-reported being diabetic. However, 7 participants that self-reported diabetes fell into the ideal/moderate risk level. This means that only 4 individuals (oppose 7) are at high blood glucose risk while 3 individuals actually have ideal to moderate glucose levels.

- Individuals with Type 2 Diabetes have an average claims cost of \$13,700 per year with about \$7,900 attributed directly to diabetes.\*
- Claims for diabetic individuals are approximately 2.3 times higher than an individual without the condition.\*

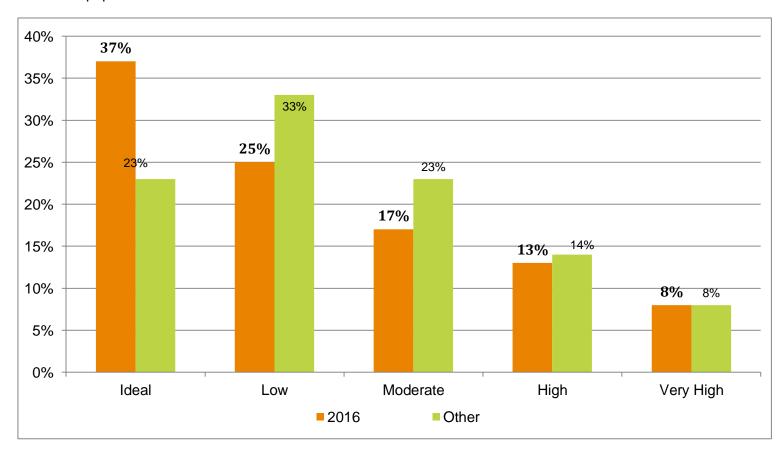


<sup>\*</sup>American Diabetes Association. 2015. www.diabetes.org

## **Body Composition**

## **Body Mass Index**

BMI is an indicator of excess body weight. Generally, those with a higher BMI are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. BMI does have its limitations, but overall is a good indication of a serious risk. The graph below demonstrates your population's risk breakdown of BMI.



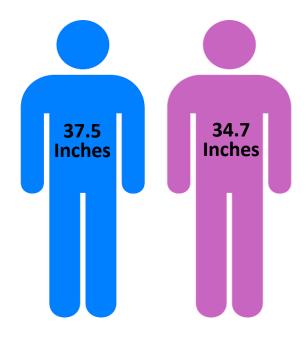
Area for Attention: Average employee BMI is 29.18

Ideal- (18.5-24.9 Low- (25-29.9) Moderate- (30-34.9) High- (35-39.9 or ≤18.4) Very High- (≥40)



## **Average Waist Circumference**

Waist circumference is an indicator of excess body weight. Generally, those with a higher waist circumference are also more likely to suffer from high cholesterol, increased blood pressure, and diabetes. The average waist circumferences for both male and female participants are listed below.



**Area for Applause:** 80% of the participants screened are interested in losing weight within the next 12 months

Male high risk: >40 inchesFemale high risk: >35 inches



## **Nicotine Use**

Nicotine use presents a serious risk to individuals. Those who abuse tobacco not only have increased rates of cancer and other diseases, but they are more likely to miss work. The CDC estimates that tobacco use costs \$97 billion in lost productivity each year and \$96 billion in healthcare expenditures. The table below summarizes your participants tobacco use and compares it to industry and HC360 averages.

	2016	HC360 2016
Tested Positive	16% (16)	29%
Self-reported Nicotine Use	13% (13)	27%

Area for Applause: 54% of the population that uses nicotine reports an interest in quitting



#### **Critical Values**

Critical Value (CV) is when a testing metric is elevated to a critical range that requires immediate participant notification.

Health Check360 receives notification from the lab high importance regarding each CV. Their registered nurses reach out via phone and email/mail within 24 hours to inform participant of abnormal lab results. The RN provides recommended steps and follows up when warranted.

Biometric	2016 CV	Critical Range	Ideal Range
Glucose	1	>=125	<=99
Total	1		

## **Questions, Comments or Concerns**



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