



Brazeway

2019 Strive Executive Review & 2020 Strategic Planning Meeting

Presented By Kapnick Insurance Group





Table of Contents

Section I. Summary	3
Employee Events	4
Section II. Participation	
Demographics	5
Incentive Structure	6
Section III. Health Score Analysis	
Self-Perception vs. Actual Scores	7
Company Averages	8
Risk Status Change for Repeat Participants	9
Section IV. Biometric Risk Analysis	
Biometric Averages	10
Total Cholesterol	11
Blood Pressure	13
Blood Glucose	16
Hemoglobin A1C	18
Body Mass Index	20
Average Waist Circumference	21
Nicotine Usage	22
GGT	24
Section V.	
Critical Values	25
Stand-out Stories	26
Section VI. Claims Analysis	27
Section VII. 2020 Wellness Strategy	30



SUMMARY

Key Points of the 2019 Review

Trends

- Participation increased to 74%
- Average health score (78.4) is considered low-risk
- 15% of repeat participants made a positive improvement in their health score

Top Health Risks

- Weight Management
 - 7% tested in the high-risk range for BMI
 - 41% of men and 63% of women tested in the high-risk range for waist measurement
- Diabetes
 - A1C: 7% (17) tested in the high-risk range
 - Blood Glucose: 8% (21) tested in the high-risk range
- Nicotine
 - 23% (59) tested positive

Goals for the Upcoming Year

- Increase Well-Visit Utilization
- Increase Year-Round Engagement
- Increase Average Health Score
- Increase Screening Participation



2019 WELLNESS EVENTS



2018 Strive Executive Review & 2019 Planning

- April 18, 2019



Health Coaching

- 2 employees completed RAS for 2019 plan year
- 0 employees are enrolled and/or completed RAS for 2020 plan year



Monthly Communications

- Monthly Wellness Newsletter with Poster
- Strive Monthly Webinar



Health Screenings

- Michigan: September 16th and 27th
- Indiana: September 17th and 18th
- Kentucky: October 1st, 2nd and November 14th



60 & Below Calls

- 38 participants eligible from 2019 screenings
 - Made contact with 12



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 demographics of screening participation this year and in years past.

	Participants	Average Age	Average Score
Brazeway 2019	254		
Repeat Participants	211		
Employees	213	43	78.4
Spouses	41		
2018	249		
Repeat Participants	200		
Employees	205	43	79.1
Spouses	44		
2017	250		
Repeat Participants	210		
Employees	205	43	79
Spouses	45		
2016	244		
Repeat Participants	225		
Employees	200	43	74
Spouses			
2015	284		
Employees	228	42	73.2
Spouses	56		
2014	165		
Employees	134	44	77.2
Spouses	31		

Ideal =100-85 Low Risk = 84-70 Moderate Risk = 69-60 High Risk = 59-50 Very High Risk= 49-0

	2019 # of Participants	% of Participation
Male	152	60%
Female	102	40%



PARTICIPATION/INCENTIVE STRUCTURE

2019 Eligible Employee Participation

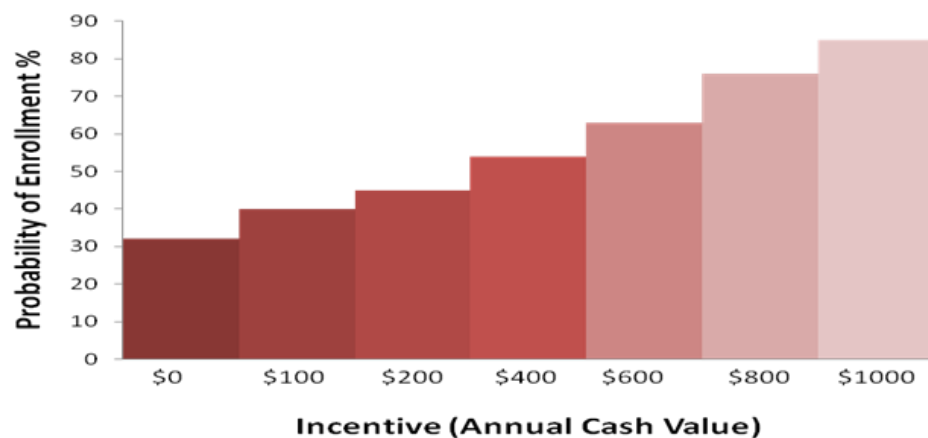
213/ 299= 71%

2019 Employee & Spouse Participation

254/342 = 74%

	Participation	Participation + Met Criteria
Employee Only	\$30	\$50
Employee + Spouse	\$10	\$20

To qualify for the full wellness incentive, a previously eligible participant must have a Health Score of 70 or higher OR improve his or her Health Score by 5 points from last year's score.

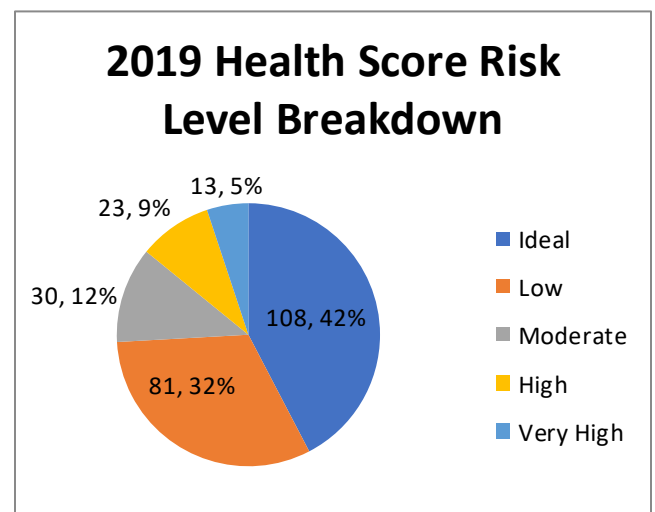
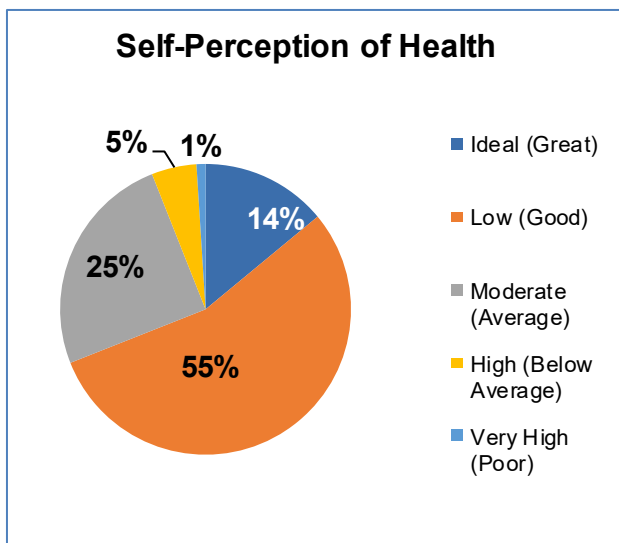




HEALTH SCORE ANALYSIS

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.

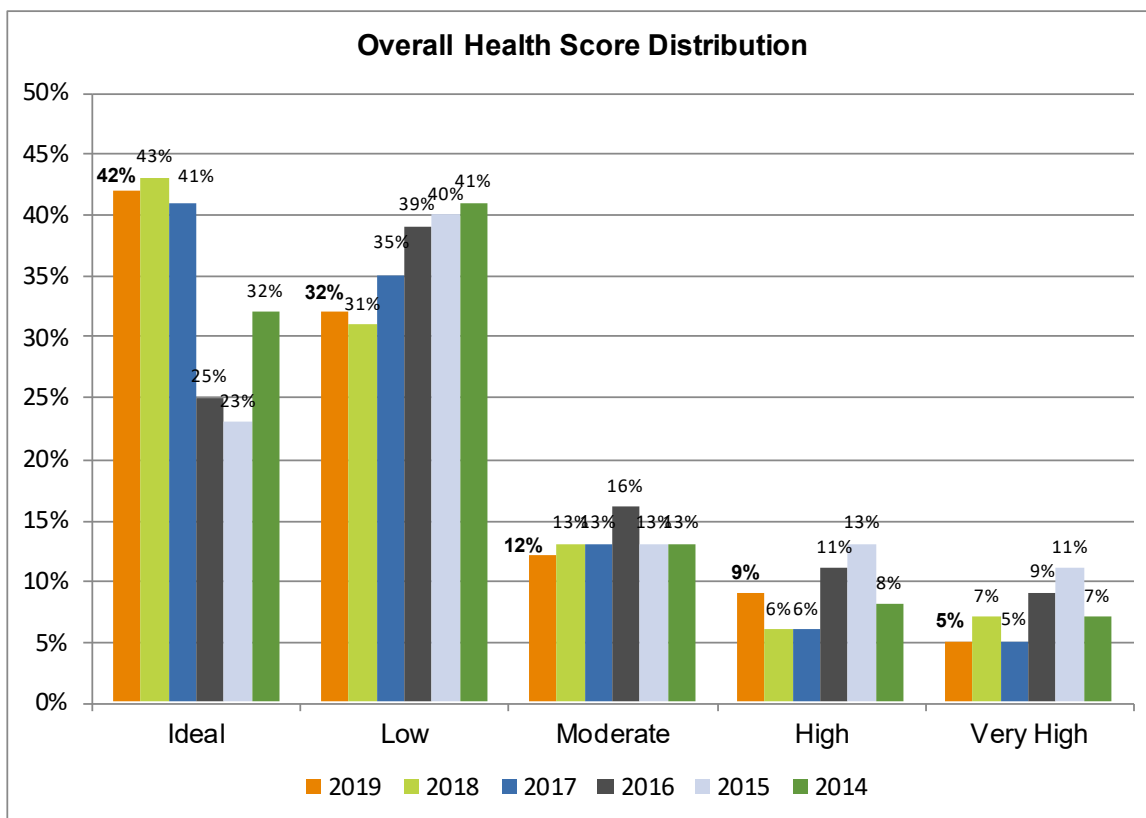


2019	Self-Reported	Actual Results
Low/Ideal Risk	69%	74%
High/Very High Risk	6%	14%

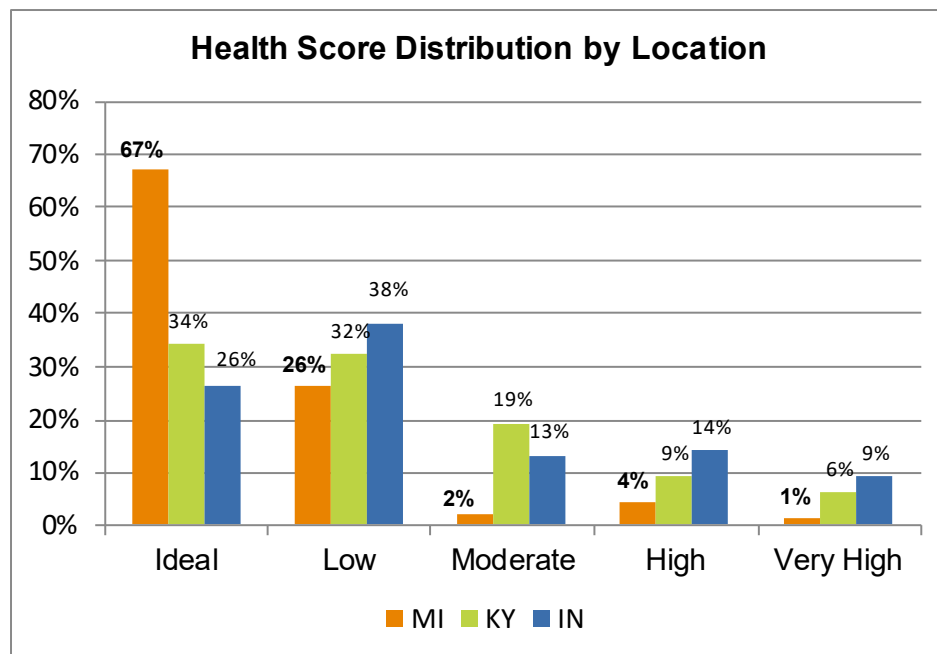


COMPANY AVERAGE

The average health score of your population is a strong indicator of the overall wellness of your population. The graph below shows the average score of your participants compared to other years.



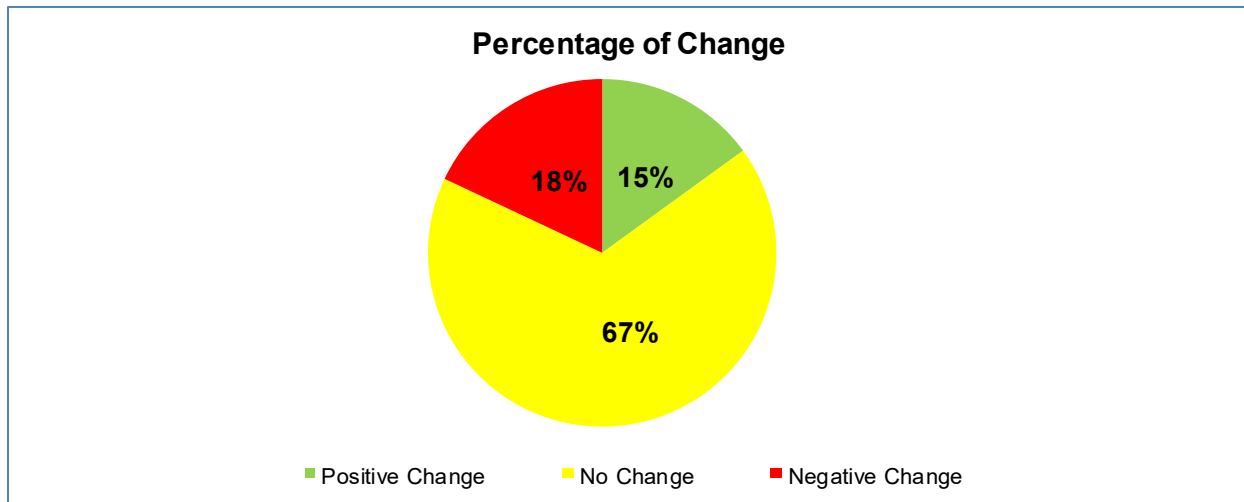
Ideal =100-85 Low Risk = 84-70 Moderate Risk = 69-60 High Risk = 59-50 Very High Risk = 49-0





RISK STATUS CHANGE FOR REPEAT PARTICIPANTS

The following graph shows how participants improved from the 2018 screenings to the 2019 screenings.



Total Risk Status Change for Repeat Participants

■ POSITIVE CHANGE	31
■ NO CHANGE	140
■ NEGATIVE CHANGE	40

Area for Applause: 15% of repeat participants made a positive change to their health risk.

Area for Attention: 40 repeat participants made a negative change to their health risk.



BIOMETRIC AVERAGES

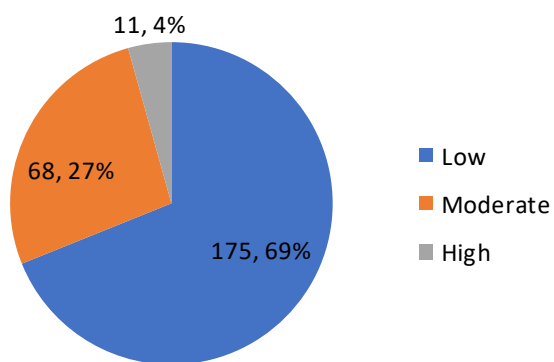
	2014	2015	2016	2017	2018	2019	CoreHealth
Total Score	77	73	74	79	79	78.4	80.5
BMI	28	30.0	30.0	30.2	30.2	30.3	30.1
Waist/Hip Ratio	0.92	0.90	0.92	0.91	.92	.91	.90
Blood Pressure: Systolic	115	118	118	118	117	119	117
Blood Pressure: Diastolic	74	73	76	77	77	76	75
Cholesterol	191	190	188	185	184	181	192
HDL (Good)	52	53	53	54	54	53	55
LDL (Bad)	108	109	104	105	103	101	109
Triglycerides	145	146	138	140	139	143	132
Blood Sugar	99	98	96	98	98	101	98
A1C	N/A	N/A	N/A	5.5%	5.5%	5.5%	5.5%



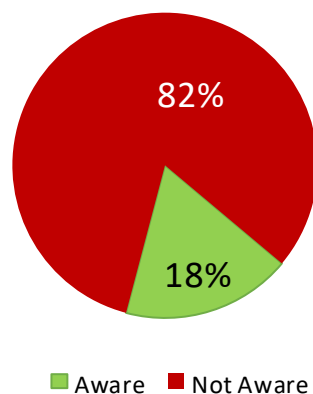
HEART HEALTH: TOTAL CHOLESTEROL

Cholesterol is a main factor in determining overall heart health. The graph below shows the breakdown of your participants cholesterol ranges.

2019 Total Cholesterol Risk Level Breakdown



High Risk Awareness



Low Risk = <200mg/dL Moderate Risk = 200-239mg/dL High Risk = ≥240mg/dL

Total Cholesterol Change for Repeat Participants

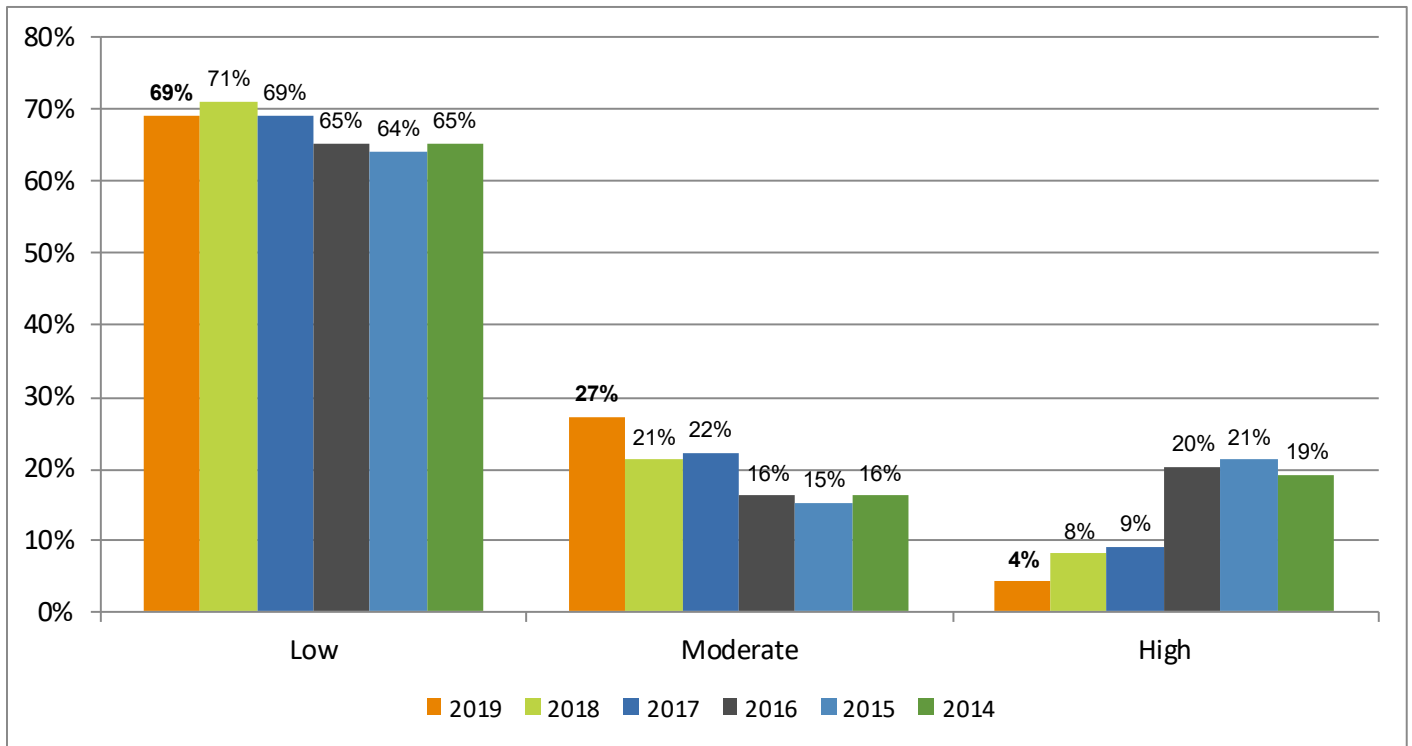
■ POSITIVE CHANGE	28
■ NO CHANGE	161
■ NEGATIVE CHANGE	22

Area for Applause: 69% of participants tested in the low-risk range for cholesterol. Additionally, 34 participants reported to having high cholesterol but only 2 of those tested in the high risk range, which means 33 people are properly managing their high CHO.

Area for Attention: Of the 11 participants with high cholesterol, only two reported to knowing they had high CHO.



YEAR-TO-YEAR CHOLESTEROL TREND



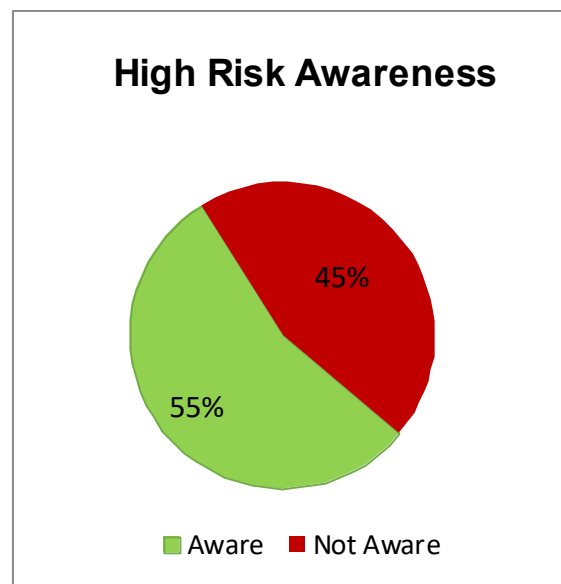
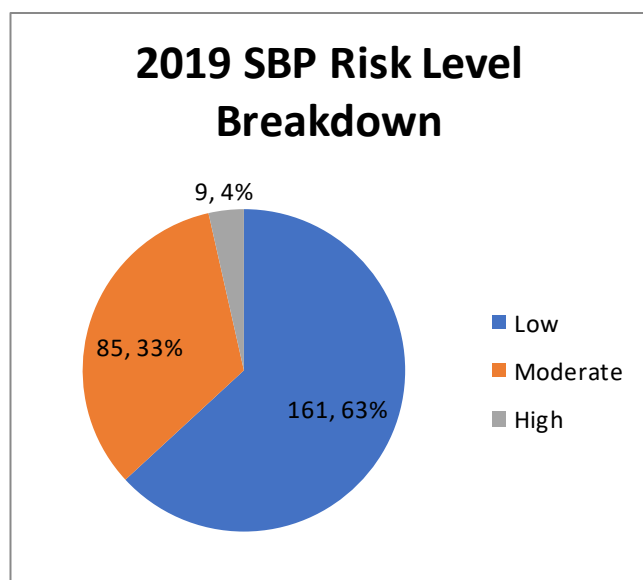
Low Risk = <200mg/dL Moderate Risk = 200-239mg/dL High Risk = ≥240mg/dL

Area for Applause: The percentage of participants testing in the high-risk range for cholesterol has decreased significantly since the start of the program.



HEART HEALTH: BLOOD PRESSURE

Blood pressure is another main factor in determining overall heart health. Systolic pressure is the pressure in the arteries when the heart is contracting. The graph below shows the breakdown of your participant's systolic blood pressure.



Low Risk = ≤ 121 mmHg Moderate Risk = 122-140mmHg High Risk = ≥ 141 mmHg

Total Blood Pressure Change for Repeat Participants

■ POSITIVE CHANGE	35
■ NO CHANGE	133
■ NEGATIVE CHANGE	44

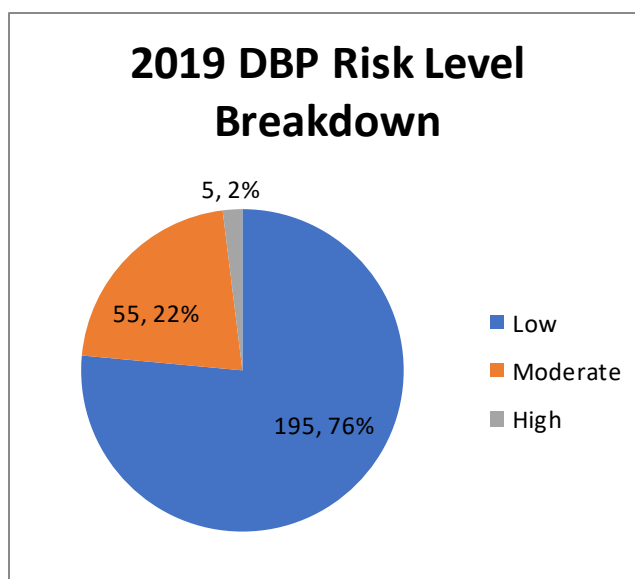
Area for Applause: Only 9 people tested in the high-risk range for systolic blood pressure and the majority tested in the low-risk range. Additionally, 53 participants reported to having high blood pressure on their HRA but only five tested in the high risk range, which means a lot of people are properly managing their condition

Area for Attention: 44 participants made a negative change in their blood pressure.



HEART HEALTH: DIASTOLIC BLOOD PRESSURE

Blood pressure is another main factor in determining overall heart health. Diastolic blood pressure is the pressure in the arteries when the heart is relaxing. The graph below shows the breakdown of your participant's diastolic blood pressure ranges.



Low Risk = ≤ 81 mmHg Moderate Risk = 82-90mmHg High Risk = ≥ 91 mmHg

Total Blood Pressure Change for Repeat Participants

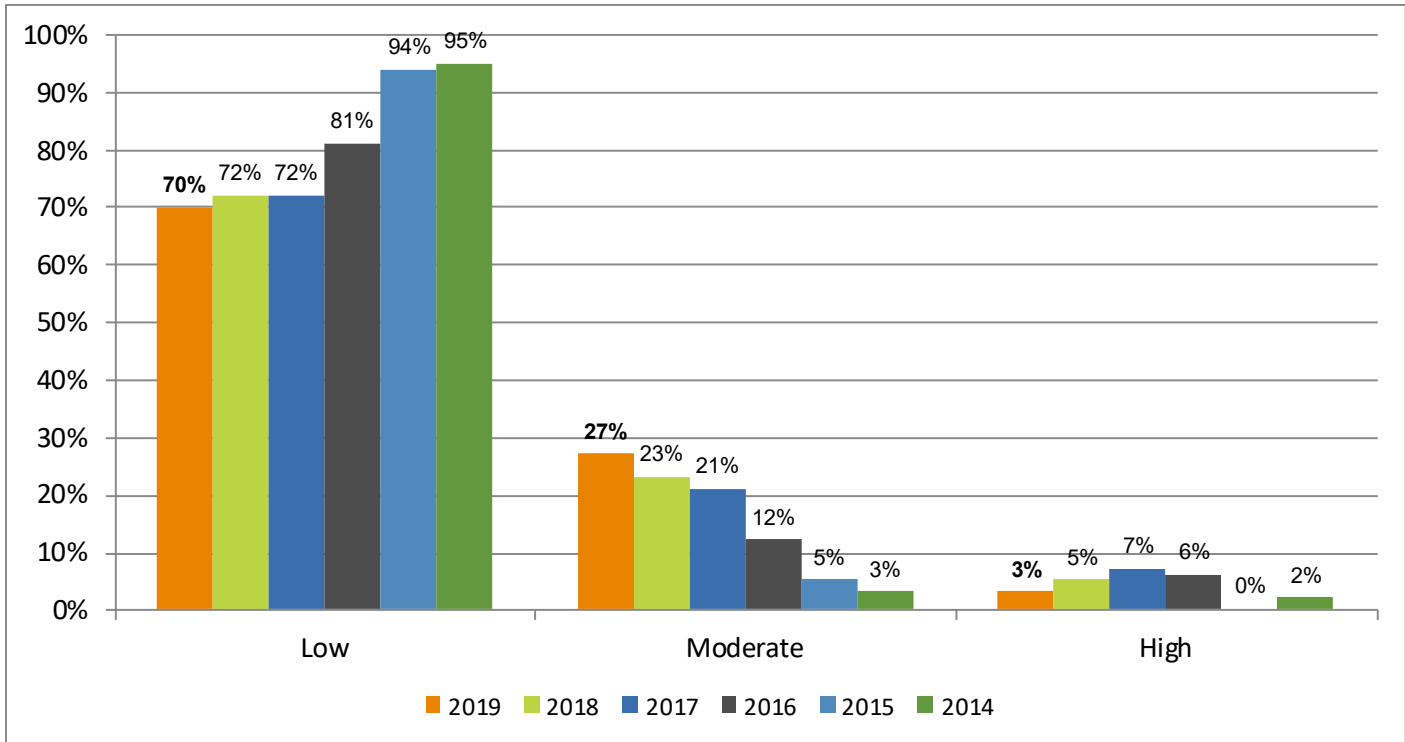
■ POSITIVE CHANGE	30
■ NO CHANGE	155
■ NEGATIVE CHANGE	27

Area for Applause: 76% of participants tested in the low-risk category for diastolic blood pressure. Additionally, 30 repeat participants made a positive improvement in their diastolic blood pressure.

Area for Attention: 27 of repeat participants made a negative change in their diastolic blood pressure.



YEAR-TO-YEAR BLOOD PRESSURE TREND



Low Risk = $\leq 121/81\text{mg/dL}$ Moderate Risk = $122/82-140/90\text{mg/dL}$ High Risk = $\geq 141/91\text{mg/dL}$

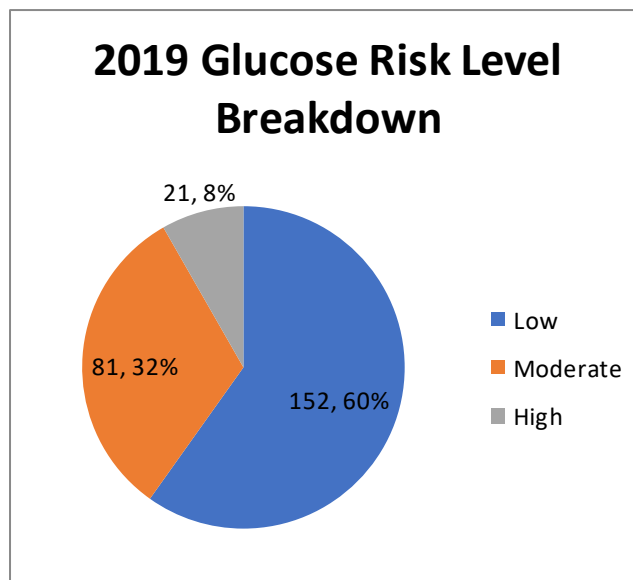
Area for Applause: The number of participants testing in the high risk range has been declining.

Area for Attention: There has been a negative risk migration of participants from the low risk to the moderate risk range.



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 due to elevated fasting blood glucose.



Low Risk = $\leq 100\text{mg/dL}$ Moderate Risk = 101-125mg/dL High Risk = $\geq 126\text{mg/dL}$

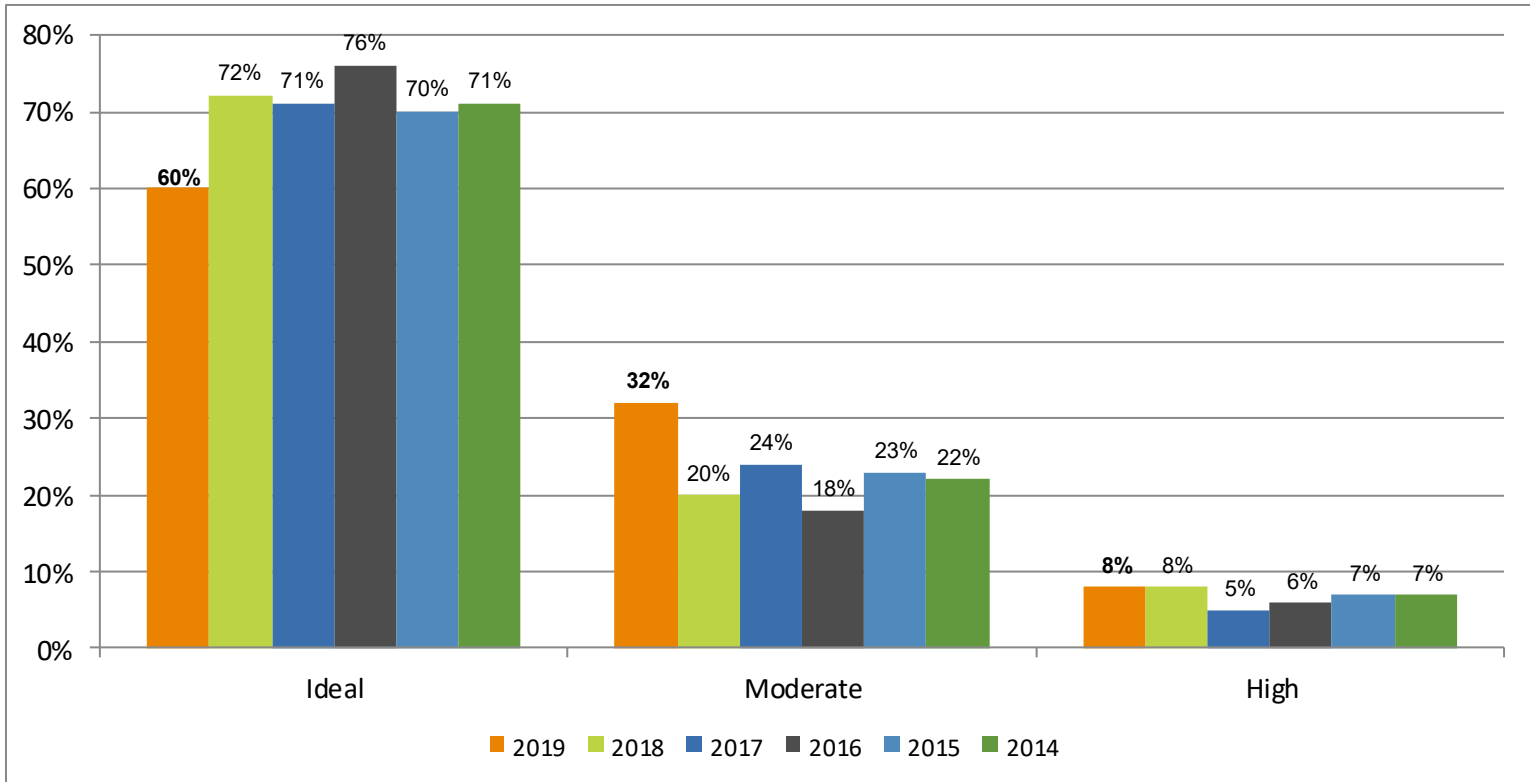
Total Blood Glucose Change for Repeat Participants		
■	POSITIVE CHANGE	18
■	NO CHANGE	142
■	NEGATIVE CHANGE	51

Area for Applause: The majority of participants are maintaining a healthy blood glucose level.

Area for Attention: 51 of repeat participants made a negative change in their blood glucose risk category. Additionally, 21 participants tested in the high risk range. There is a good chance that these individuals are either diabetic and don't know it or they aren't properly managing their diabetes.



YEAR-TO-YEAR GLUCOSE TREND



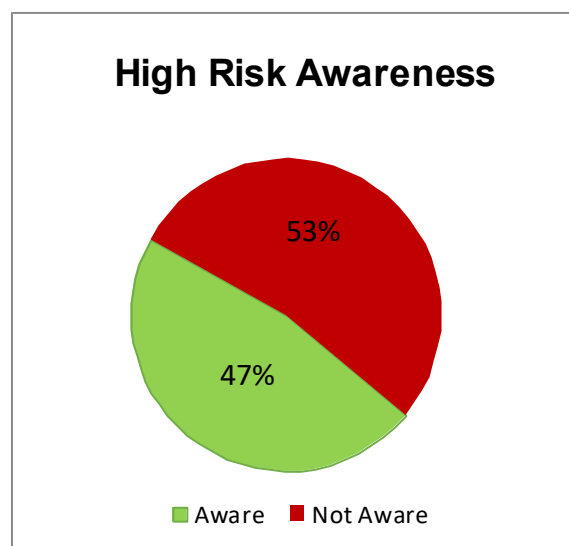
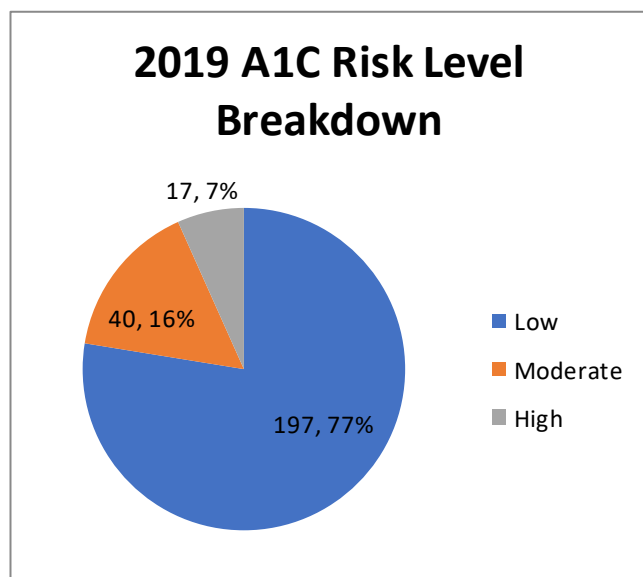
Low Risk = $\leq 100\text{mg/dL}$ Moderate Risk = $101\text{-}125\text{mg/dL}$ High Risk = $\geq 126\text{mg/dL}$

Area for Attention: There has been a negative migration of participants from low-risk to moderate risk.



DIABETES RISK: HEMOGLOBIN A1C

Hemoglobin A1C measures average glucose levels over a 2-3 month period and is the best predictor and indicator of diabetes. Anything 6.5% or higher represents an increased risk for diabetes. 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 .



Low Risk = <5.7% Moderate Risk = 5.7%-6.4% High Risk = ≥6.5%

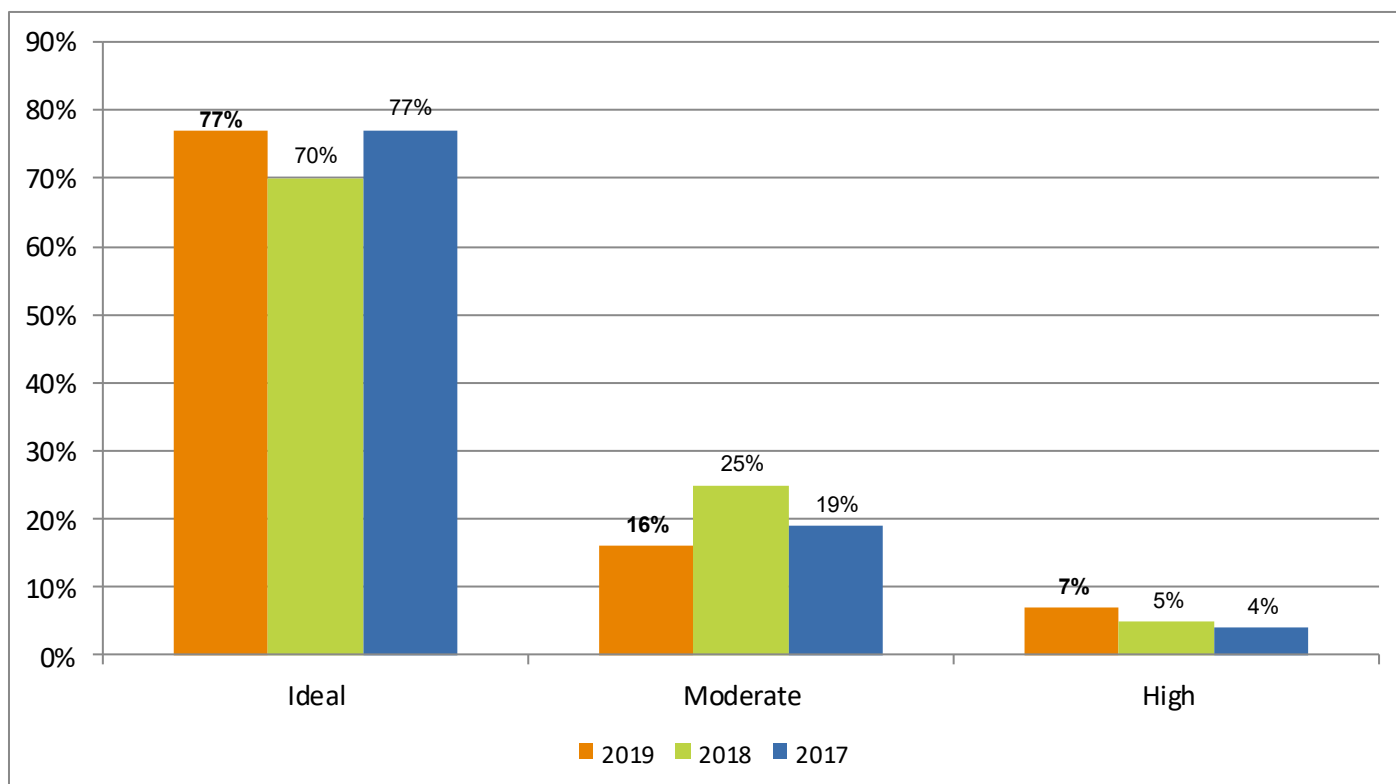
Total A1C Change for Repeat Participants		
■	POSITIVE CHANGE	6
■	NO CHANGE	191
■	NEGATIVE CHANGE	14

Area for Applause: 77% of participants fell into the low-risk category for A1C.

Area for Attention: 14 repeat participants made a negative change in their A1C level. Additionally, less than half of participants in the high risk range were aware of their condition.



YEAR-TO-YEAR HEMOGLOBIN A1C TREND



Low Risk = $\leq 100\text{mg/dL}$ Moderate Risk = $101\text{-}125\text{mg/dL}$ High Risk = $\geq 126\text{mg/dL}$

Area for Applause: There was a 7% increase in the number of participants in the low risk range this year and the majority of employees are testing in the low-risk range for A1C

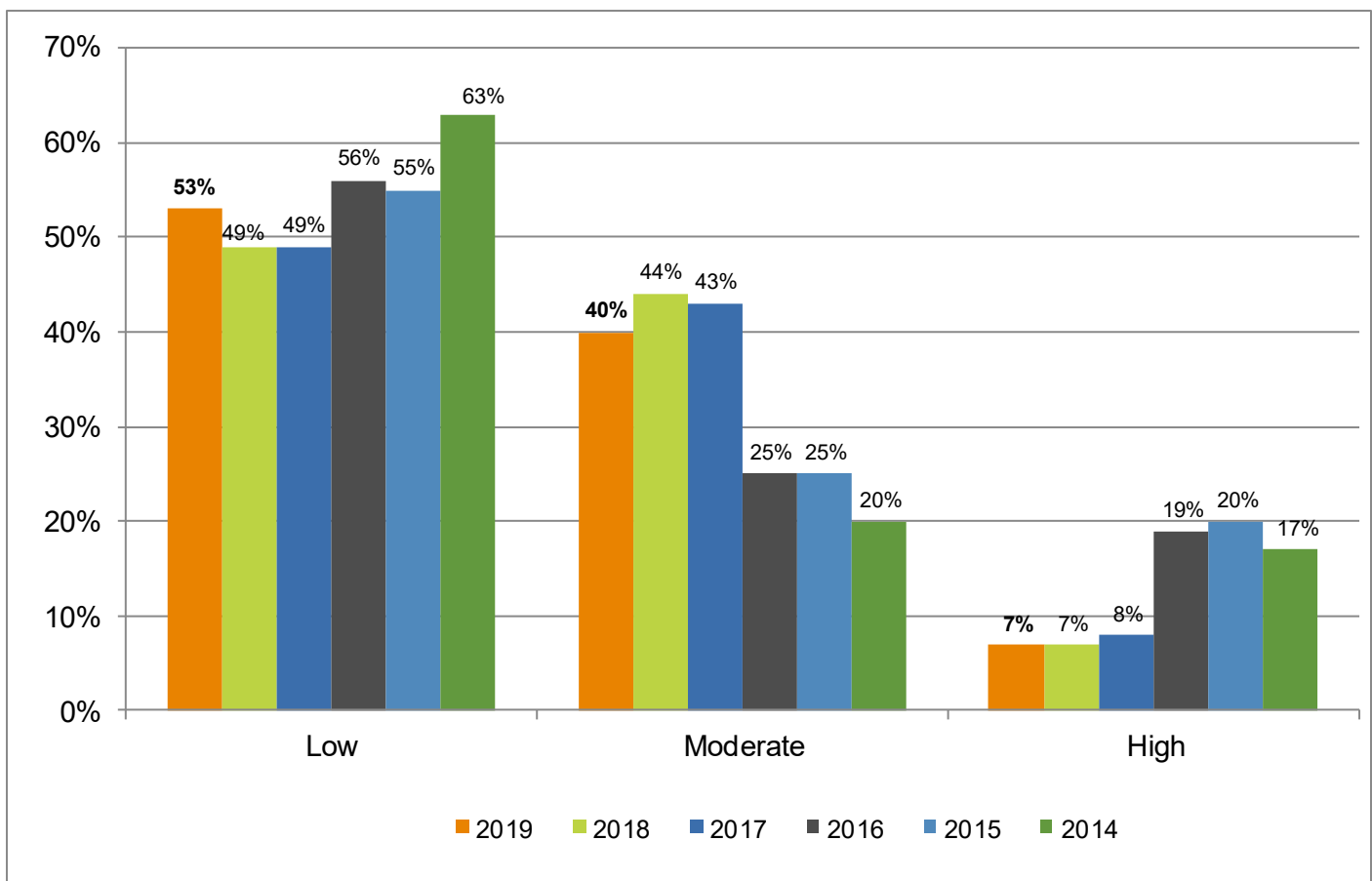
Area for Attention: The number of participants in the high risk range has increased slightly over the past few years.



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 .

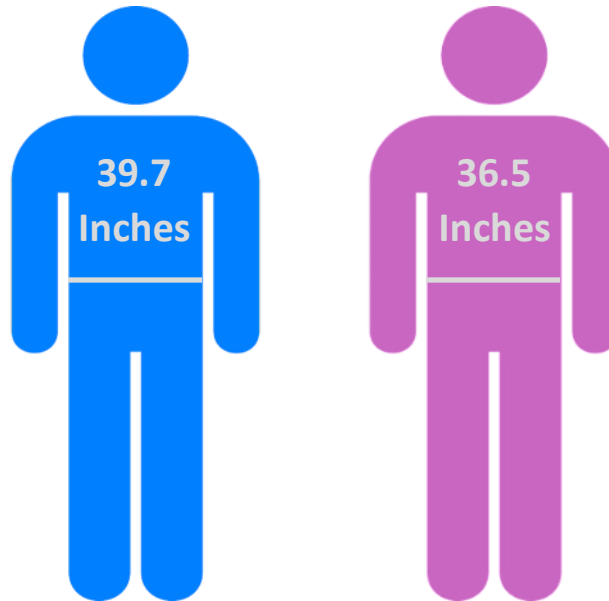


Low Risk = 18.5-29.9 Moderate Risk = 30-39.9 High Risk = ≥ 40



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.



Male High Risk= >40 inches Female High Risk= >35 inches

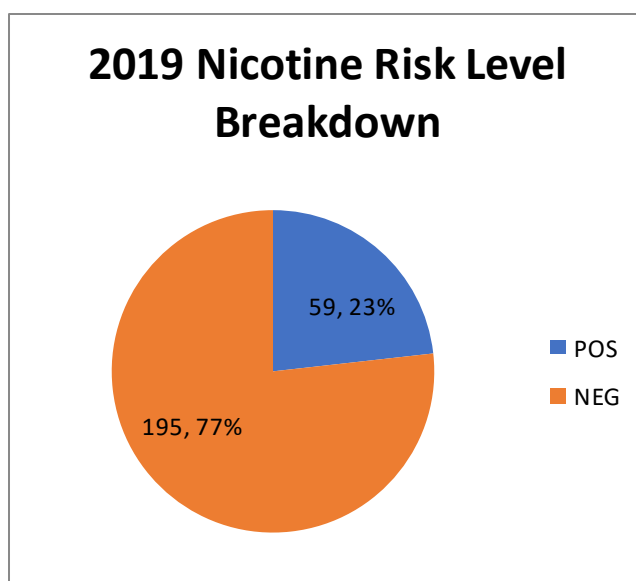
Area for Applause: The average male waist circumferences is in the low-risk category.

Area for Attention: The average female waist circumference is greater than the healthy range. 41% of men and 63% of women who screened measured in the high-risk range for waist measurement. This increases their risk of developing cardiovascular disease.



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 \$156 billion in lost productivity each year and \$170 billion in healthcare expenditures (CDC, 2017). The table below summarizes your participant's tobacco use, as well as self-reported tobacco use.



Nicotine Change for Repeat Participants

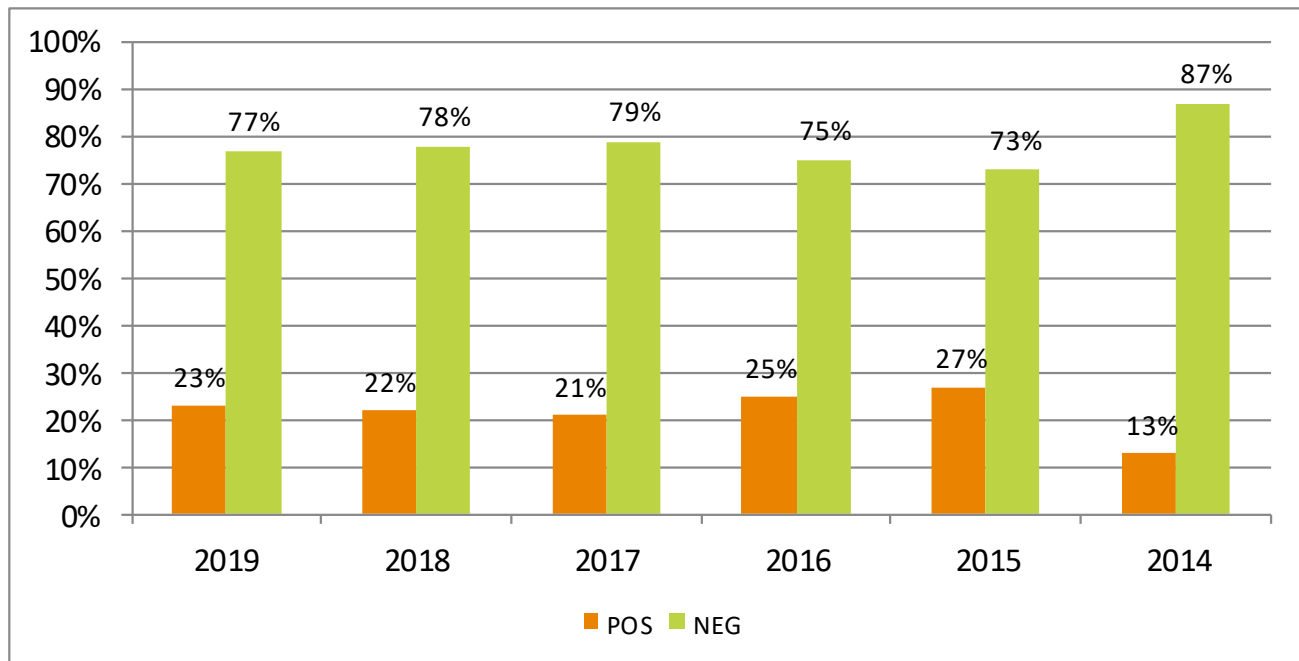
■ POSITIVE CHANGE	5
■ NO CHANGE	200
■ NEGATIVE CHANGE	6

Area for Applause: The majority of participants are nicotine free. Additionally, five repeat participants quit using tobacco and/or nicotine products

Area for Attention: Nearly a quarter of participants are tobacco/nicotine users.



YEAR-TO-YEAR NICOTINE USE TREND



Area for Applause: The percentage of tobacco users is down since the start of the program has decreased.

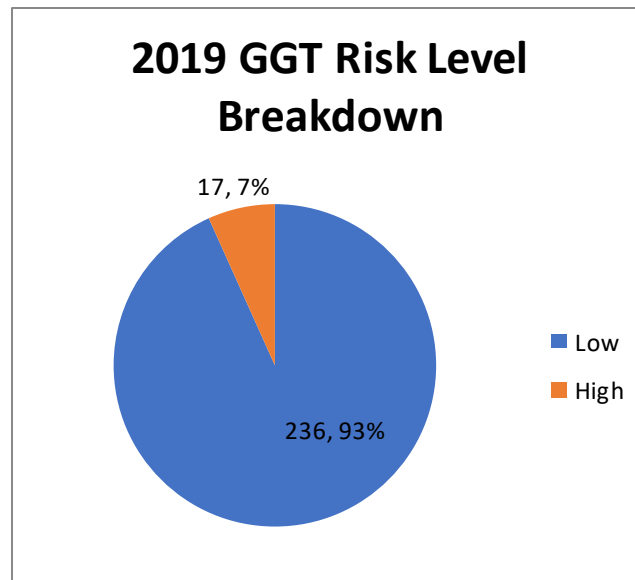
Area for Attention: 25% of the population still uses tobacco and/or nicotine products.



GAMMA-GLUTAMYLTRANSFERASE (GGT) TEST RESULTS

GGT is used for diagnosing and monitoring disease of the liver, gallbladder, bile ducts and bile. Levels outside of the normal range could indicate any form of liver disease or biliary obstruction.

Elevated levels of GGT can also indicate alcoholic cirrhosis or individuals who are heavy drinkers .



Low Risk = <66 High Risk = ≥66

Total Blood Pressure Change for Repeat Participants

■ POSITIVE CHANGE	3
■ NO CHANGE	203
■ NEGATIVE CHANGE	3



CRITICAL VALUES

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

Biometric	2019 CV	Critical Range	Ideal Range
N/A	0	—	—

Area for Applause: There were no level 1 critical values that required immediate intervention.

Area for Attention: While not in a critical range, there were 7 participants with unmanaged blood sugar over 150. Three of those participants had a fasting glucose over 200.



STAND-OUT STORIES

- 13 participants had a score of 100
- 26 repeat participants improved by 5-9 points
- 17 repeat participants improved by 10-19 points
- 3 participants improved their score by 20+ points

Participant A: Improved by **23** points and moved from the high risk range to the low-risk range! This participant lowered LDL cholesterol and became tobacco free!

Participant B: Improved by **28** points moving from the low risk range to 100! This participant lowered their blood pressure, raised HDL cholesterol, lowered glucose and became tobacco free!

Participant C: Improved by **21** points moving from the very high risk range to the high risk range. They lowered their blood pressure, glucose and total and LDL cholesterol.

Participant D: Improved by **19** points moving from the high risk to low risk category. They lost 10lbs and decreased their waist measurement, lowered BP, triglycerides and glucose.

Participant E: Improved by **17** points moving from the moderate risk to low risk range. They lowered BP, triglycerides and glucose.

Participant F: Improved by **16** points moving from low risk to ideal risk by becoming tobacco free!



2020 RECOMMENDED WELLNESS STRATEGY



Health Coaching

- RAS
 - Offer RAS Health Coaching Program
 - Weekly tracking requirement
 - Require participants to schedule visit with their PCP to complete program
- Tobacco Cessation
 - Market BCBSM Tobacco Cessation program



Wellness Challenges

- Q3: Mystery Fitness Step Challenge
- Q4: Maintain Don't Gain
- Annual Well-Visit Challenge



Onsite Events

- Q2: Diabetes Awareness
- Q3: Heart Health
- Q4: Mental Health Monday



Communication Materials

- Monthly Newsletter
 - Includes registration for monthly 30-minute Strive webinar
- Health Screening Communications
 - Starting in August



2020 Proposed Health Screening Dates

- Late September/Early October



GOALS AND RECOMMENDATIONS

Goals	Recommendations
1. Increase well-visit utilization	<ul style="list-style-type: none">→ Implement well-visit challenge→ Add requirement that RAS participants complete physician affidavit in addition to health coaching calls
2. Increase average health score	<ul style="list-style-type: none">→ Offer RAS Health Coaching Program→ Additional outreaches to highest risk participants via phone and home mailing
2. Increase employee screening participation and increase spousal participation	<ul style="list-style-type: none">→ Send wellness program/save-the date flyer prior to regularly scheduled screening communications→ Implement more aggressive tiered incentive design
3. Increase year-round engagement	<ul style="list-style-type: none">→ Implement reward points program→ Participate in wellness challenges→ Create a wellness committee→ Administer wellness needs and interest survey