

# CHA Q4 Well-being/Wellness Webinar

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Measuring well-being is essential to understanding your employees' needs and aligning them with organization goals. Today, the 4th quarter well-being webinar is to learn about a new tool from CHA that enables your organization to target and improve well-being.



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Children's Hospital Association



Changing Health Engagement through  
**Claims and Health Analytics Resource Tool**

CHART<sup>®</sup>



# What is “Well-Being”?

Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well.

- Good living conditions (e.g., housing, employment, food) are fundamental to well-being
- Measure what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life—i.e., their “well-being”
- Because well-being is subjective, it is typically self-reported.
  - Meaning, purpose, focus of wellness programs

Reference:  
*Well-being Concepts: Health-Related Quality of Life (HRQOL)*. (2018, November 5). Centers for Disease Control and Prevention. <https://www.cdc.gov/hrqol/wellbeing.htm>

# What is “Wellness Data”?

## Good:

- snapshot status,
- historical status,
- introductions to coaching,
- identification of gaps,
- engagement avenue
- pop health status....and many more...

## Not so good:

- subjective
- mood driven
- healthiest first, weighted
- greatest opportunities are less likely to participate



# Why does it matter to your workforce? Globally....

9% have diabetes

52% overweight or obese

74% live on less than \$13/day

24%  
disengaged  
at work

76% are struggling or suffering from  
physical wellbeing issues

18% of labor force to be over  
55 by 2030

Reference:  
Global Wellness Institute. (2016). *The Future of Wellness at Work*. [https://globalwellnessinstitute.org/wp-content/uploads/2019/01/WellnessatWork2016\\_Theworlds3\\_2billionworkers\\_gwi.pdf](https://globalwellnessinstitute.org/wp-content/uploads/2019/01/WellnessatWork2016_Theworlds3_2billionworkers_gwi.pdf)

# The Well-Being Index, from CHART®

- ✓ Populations with predicted emerging risk.
- ✓ The most optimal ways to engage these populations.
- ✓ Those who are willing and able to engage in behaviors to improve health.
- ✓ Individuals most likely to respond to early intervention.





# Macro to Micro: An Overview and Engagement Points

165,000 Lives

65,000 Employees

13 Hospitals

7 SDOH Pillars

5 Categories

Risk Stratification

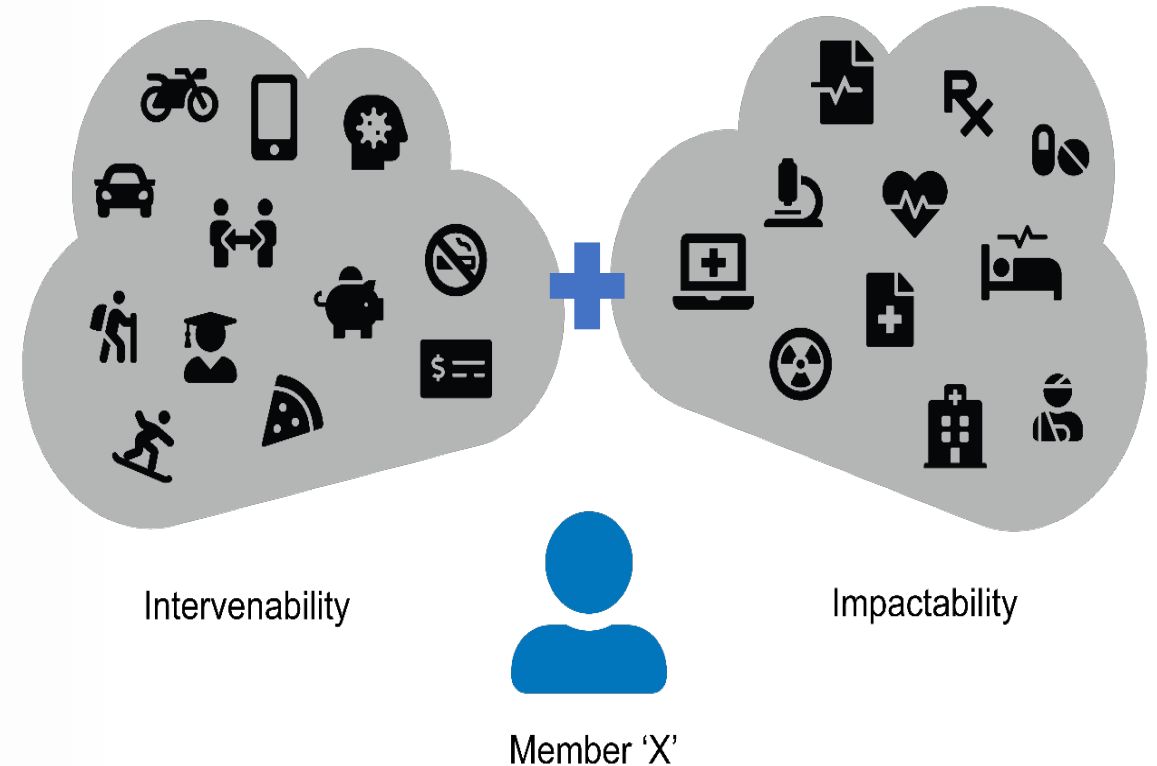
- Physical
- Social
- Emotional
- Psychological
- Financial
- Occupational
- Environmental

- sense of purpose
- social relationships
- financial security
- community
- physical health

References  
Winther Topp, C., Dinesen Ostergaard, S., & Sondergaard, S. (2015, March 28). *The WHO-5 Well-Being Index: a systematic review of the literature*. PubMed.

# Multi-Model Aggregation

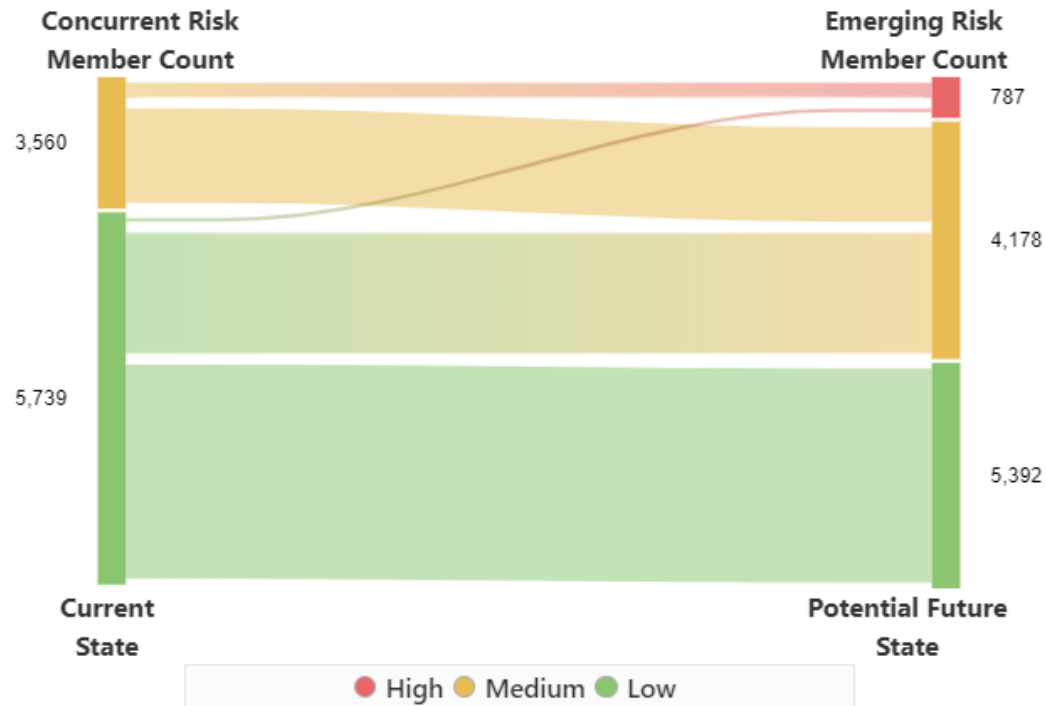
- ✓ Intervenability refers to the likelihood of a person being engaged, based on SDOH barriers, etc. (Their willingness and ability to engage.)
- ✓ Impactability refers to the potential savings, based on the theoretical closing of identified care gaps.



# Targeted communications and drill-down capabilities

- Prioritize highest risk members—financially and medically with SDOH inputs.

## EMERGING RISK STRATIFICATION



## RISK CHANGE



- 398 Members who are currently at **Medium Risk** can become **High Risk** in future
- 231 Members who are currently at **Low Risk** can become **High Risk** in future

This section is interactive, please click on the Emerging Risk Buckets from left chart to understand the change in risk of members

# CHART® Well-being Index enhancement

- Identifies health and health care disparities by **location, region, or hospital variability.**

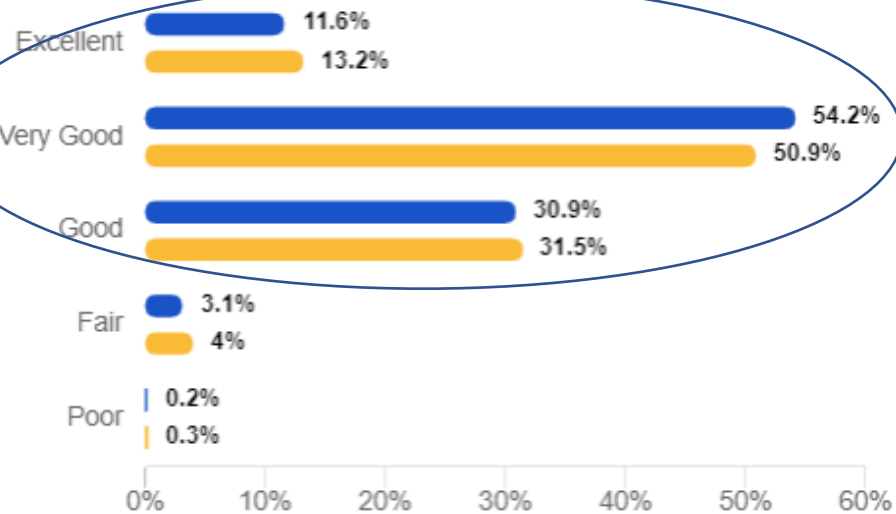
## WHAT IS HAPPENING?

**Note:** Internal Benchmark represents data of other peer hospitals

### WELL-BEING SCORE OVERVIEW

#### WELL-BEING SCORE DISTRIBUTION

Actual Internal Benchmark

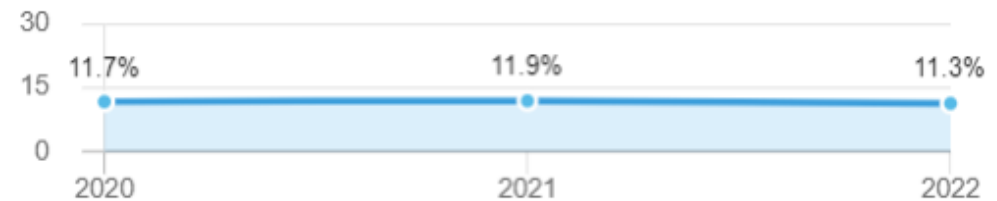


#### NET WELL-BEING INDEX CATEGORY



The Net Well-being Index category denotes the overall health status of the hospital based on the difference in the distribution of Excellent and Poor categories.

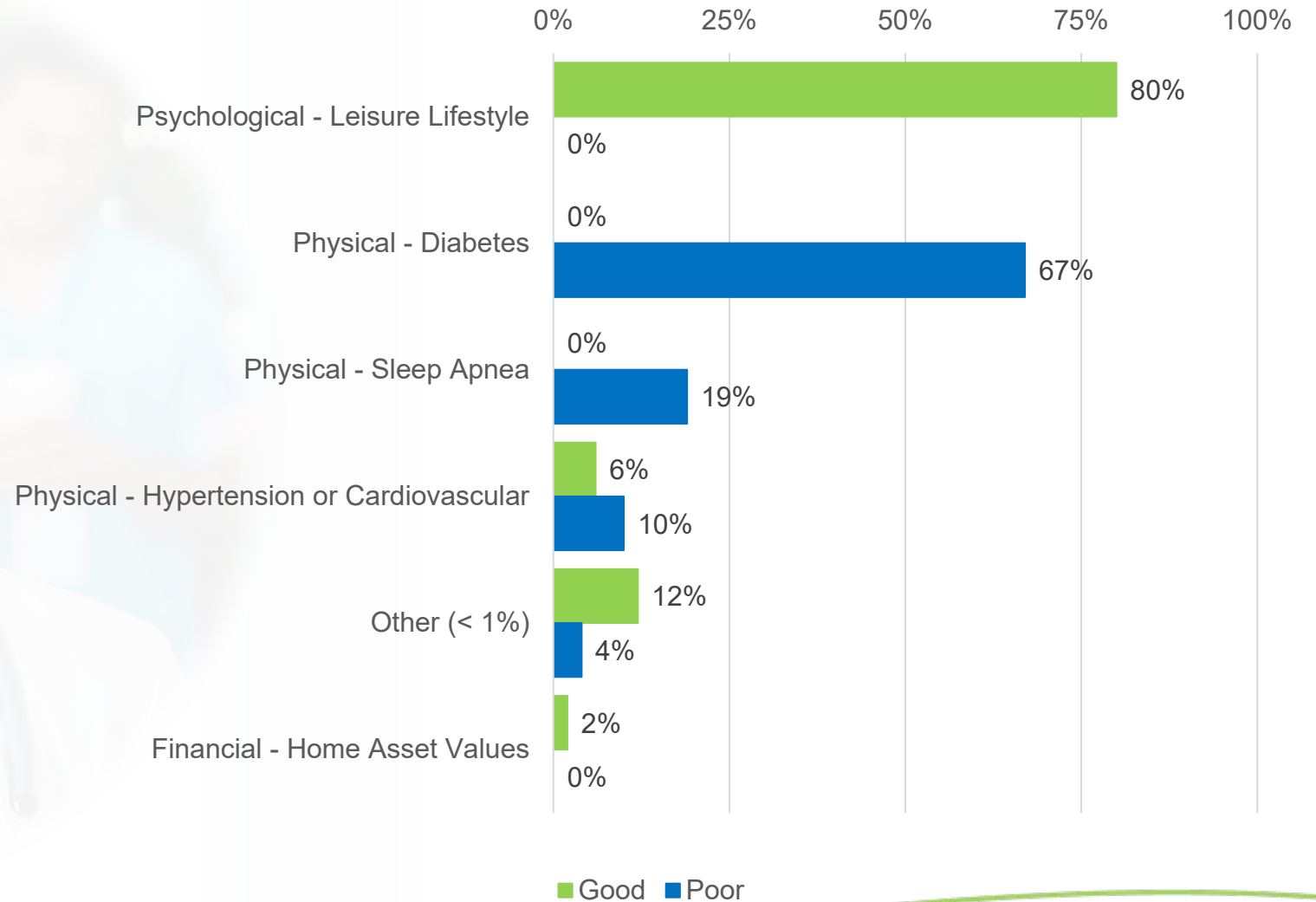
#### NET WELL-BEING INDEX DISTRIBUTION TREND



# What's does "Good" vs. "Poor" look like?

## Top Well-Being Drivers

- **80%** Leisure lifestyle.
  - Did not appear in those categorized as poor.
- Financial well-being is **positively** correlated with better well-being.
- **Sleep Apnea** surprise
- Two-thirds within poor classification have **diabetes**.



N=67,707  
Dates: 7/1/2021-6/30/2022



# Real life? An example.....

Member X



46-year-old male

Current Risk

LOW

Predicted/Emerging Risk

HIGH

- Member X's intervenability is **high**, meaning there is a high probability he engages with proactive interventions if given the appropriate opportunities.

## SDOH Barriers

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
No Companion	Health Literacy	Sedentary Lifestyle

The model identified Member X's primary barriers to better health and wellness to include a lack of social interaction, health literacy, and a sedentary lifestyle.

## Interventions

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Community	Education	Incentives for wellness, outreach points

## Communication Channels

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Digital Apps	Text	Email	Call

Potential interventions may include community resources, primary care health literacy, and incentivized wellness programs designed to engage the specific member. We also know that digital communication methods are the best way to contact Member X.



# Why is Member X considered impactable?

Condition			Care Gaps		
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Preventive Visits	Obesity	Depression	Gap: Annual Adult Wellness	Gap: Annual BMI	Gap: Depression Provider 180 days (about 6 months)

The Impactability model identifies the conditions and care gaps that provide the greatest potential for savings if timely care is provided to close the care gaps.

- Member X has not completed their annual preventive examination nor received their annual flu shot.
- No medical claims exist.
- The only known Rx claims were a COVID vaccine in late 2021 and a claim for amoxicillin.
- From personal health assessment data, the member has a BMI of 28.6 and experiences occasional depression or hopelessness.

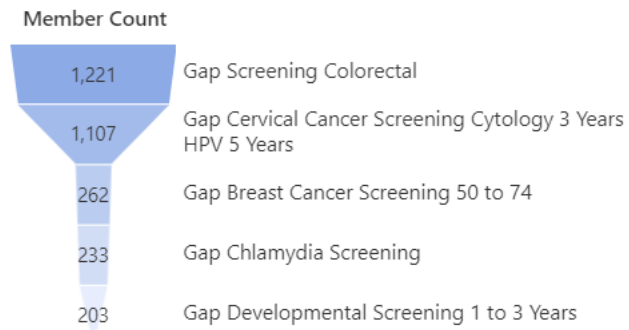
**Note:** Without any medical history and a lack of routine medical visits, the member may be experiencing an undiagnosed or unmanaged condition. Interventions in this case should focus on the completion of annual physicals.

# Identify, analyzed, and close health and wellness gaps

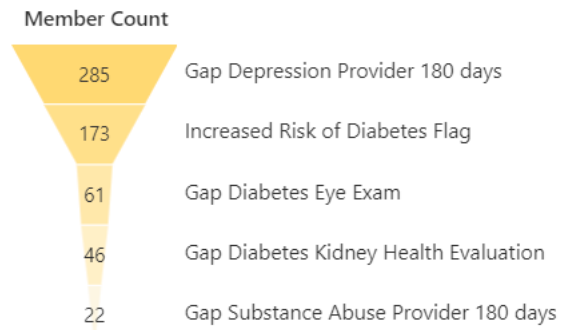
- based on your available resources or community resources.

## WELL-BEING RELATED GAPS IN CARE

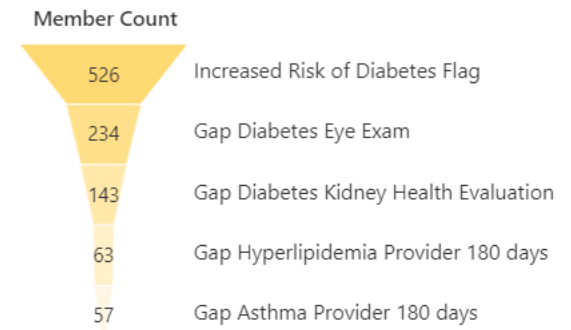
### PREVENTION GAPS



### GAPS FOR MEMBERS WITH BEHAVIORAL HEALTH CONDITION



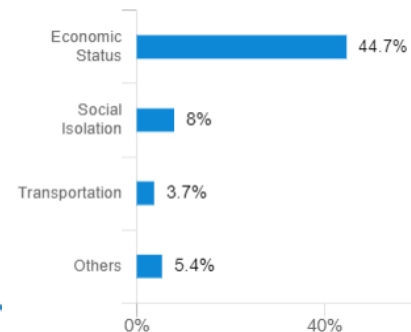
### GAPS FOR MEMBERS WITHOUT BEHAVIORAL HEALTH CONDITIONS



## PREVALENCE OF SDOH BARRIERS BY LOCATIONS

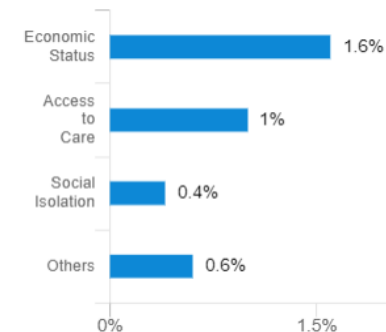
### CITY AND SURROUNDS

% POPULATION : 61.8%



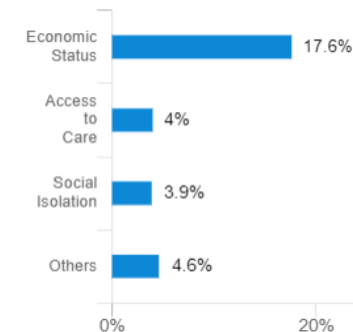
### RURAL AREAS

% POPULATION : 3.7%



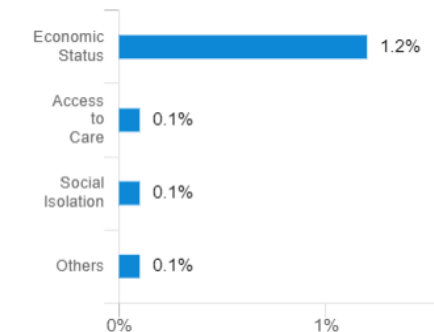
### SMALLER SUBURBS

% POPULATION : 30%



### UNKNOWN

% POPULATION : 1.5%



# Act on insight driven recommendations.

## WHAT CAN YOU DO ABOUT IT?



### Preventative Care

Member's average spend on preventative care is **\$3** per visit.

#### RECOMMENDATION

- Promote compliance with preventative screenings and immunizations at workplace through onsite clinics, benefit plans, education & incentives to motivate to complete wellness visits and preventative screenings.
- Provide benefit plan design to reduce out-of-pocket costs to improve access to screening services and close gaps in care.



### Behavioral Health & Substance Abuse

Percentage of members identified with Substance Abuse or Sleeping Disorder or Eating Disorders in past year is **4%**.

Percentage of members using telehealth for behavioral health care is **2%** ▼ **3%** vs Internal Benchmark.

Percentage of members having behavioral health issues with companionship barriers is **69%**.

#### RECOMMENDATION

- Promote awareness & education for leveraging telehealth services for behavioral health care.
- Drive medication adherence by reducing copays, home delivery of medications and digital pill dispensers to improve compliance.
- Promote Employee Assistance Programs to extend support to employees and their families.

# What's Next?

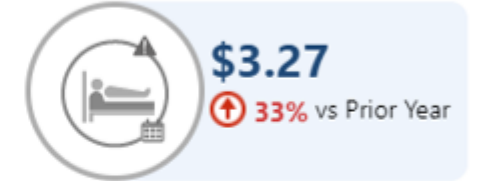
- Front Door Updates
- KPI quick access
  - Mental/Behavioral Dashboard
  - Cancer
  - High-Cost Claimants
- Quarterly Reporting w/n CHART

## POTENTIALLY AVOIDABLE IP & ER EVENTS FOR MEMBERS WITH MENTAL AND BEHAVIORAL HEALTH CONDITIONS

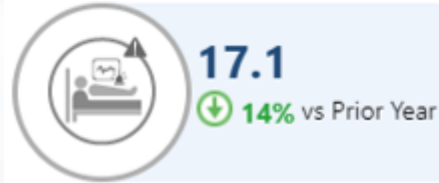
### AVOIDABLE IP ADMITS/1000



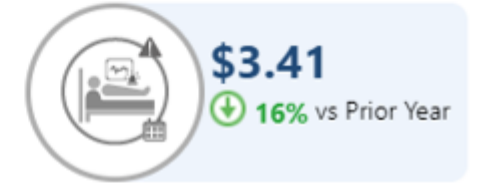
### AVOIDABLE IP ADMITS ALLOWED PMPM



### AVOIDABLE ER VISITS/1000



### AVOIDABLE ER VISITS ALLOWED PMPM



## TOP 5 CHRONIC CONDITIONS WITH POTENTIAL SAVINGS

**\$111.49K**

Diabetes  
17 CARE GAPS

**\$25.54K**

CAD  
14 CARE GAPS

**\$6.88K**

COPD  
5 CARE GAPS

**\$4.51K**

Chronic Kidney Disease  
8 CARE GAPS

**\$2.92K**

Rheumatoid Arthritis  
7 CARE GAPS



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