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HELPING PEOPLE HELP THEMSELVES: DRIVING PARTICIPATION IN HEALTH IMPROVEMENT PROGRAMS

SUMMARY

Programs designed to improve health and lower health care costs only work if people use them. In an effort to increase participation, Health Management Corporation (HMC), a wholly owned subsidiary of WellPoint, Inc., researched what drives health plan members to enroll and engage in programs to improve their health.

The 2008 HMC study¹ found that members who face barriers to care are more likely to enroll in health improvement and disease management programs. It also identified monetary incentives and support from health plans and employers as key to participation. After enrollment, successful engagement is tied more to demographic and operational factors than to member characteristics. While members must first express interest in the program, the crux of responsibility falls to the health management program to build on that interest after enrollment.

There is a strong correlation between increased member participation in wellness programs and large, national-account employers, who often promote these programs to their workforce. Strengthening relationships between members and employers while improving operational efficiency are critical to enhancing participation in health improvement programs.

WHY DON'T PEOPLE PARTICIPATE IN HEALTH IMPROVEMENT PROGRAMS?

The value of disease management programs depends largely on the extent to which those targeted for intervention participate. Participant enrollment and engagement are the most important non-clinical components of programs designed to improve clinical outcomes and reduce costs. While nearly 75 percent of employers offered various kinds of wellness or disease management programs in 2008, getting consumers involved still is cited as a barrier to realizing the full effectiveness of any program.² This begs the question: *Why would people identified with a need decline to participate in a program that could help improve their health?*

To answer the question, HMC developed a series of models to examine member characteristics and demographics as well as certain health plan operational factors. The models identified three factors or scenarios that greatly impact positive program participation rates:

- Members with barriers to care (e.g., rural residents, those of lower socioeconomic status) are more likely to enroll than members without barriers to care
- The availability of motivational tools, such as monetary incentives, can help increase participation
- Strong support from health plans and employers reinforces the value of participation

A LOOK AT THE NUMBERS

Most research on the effectiveness of disease management programs has focused on improving clinical outcomes and reducing costs through better management of high-intensity, high-cost health care services. While there is a growing consensus that disease management programs improve disease control and care,³ little has been published to compare the profiles of members who choose to participate fully in a disease management program with those who do not.

The most relevant paper cited by the Health as Human Capital Foundation (HAHCF) tracked member progression through the various stages of a disease management program. The stages included identifying members who would benefit from the program; initiating outbound contact; successfully reaching the member; having the member choose to participate; and keeping the member engaged in the program.⁴

Once contacted, more than 80% of members enrolled in an HMC disease management program; of those more than 75% remained engaged for at least two calls with their nurse coach.

The study found 78 percent of health plan members identified for outreach by phone were successfully contacted. Once reached, 48 percent elected to participate in the program but only 45 percent of those participating chose to stay in the program for at least six months.

HMC program results were even more positive. Once contacted, more than 80 percent of members enrolled in an HMC disease management program. Of those, more than 75 percent remained engaged in the program long enough to have at least two calls with their nurse coach.⁵

MODELING TO UNDERSTAND DRIVERS OF BEHAVIOR

To build on the positive results, HMC looked at ways to further increase participation in disease management programs. HMC explored factors that influence individuals who are most likely to enroll and engage in a disease management program.

Using the HAHCF model as a framework, HMC developed two regression models to better understand and predict drivers. Both focused on health plan members who were successfully contacted for participation in an HMC disease management program. The first model estimated the likelihood of a member enrolling in the program when contacted; the second model estimated engagement once a member had enrolled and been successfully contacted by a nurse. The goal was to learn why successfully-contacted members choose not to participate and why members who initially enroll choose to stop participating at a later time.

In creating the models, HMC examined three categories of independent variables to understand the impact that each one has on a member’s willingness to participate in a disease management program: member characteristics, demographics and operational factors.

Figure 1: Independent variables that can have an impact on participation

Member Characteristics	Demographics	Operational
Age	Household income	Associate tenure
Gender	Home value	Days to call after enrollment
Condition	High school diploma or less	Days needed to reach member

Figure 1: Independent variables that can have an impact on participation

Member Characteristics	Demographics	Operational
		post enrollment
Relation to policyholder	College graduate	Number of attempts to reach member after enrollment
Language spoken	Urban vs. suburban vs. rural	Time of call
Condition severity	Minority population	
Product (e.g., PPO)		
Location where service received		

HMC FINDINGS

HMC’s study found that health plan member characteristics and demographic factors best determine whether a member enrolls in a disease management program when contacted. Members with barriers to care are most likely to enroll. Such barriers include lower education levels, lower socioeconomic status and residing in more rural areas. In separate studies, such factors also have predicted participation in a Web-based smoking cessation program.⁶

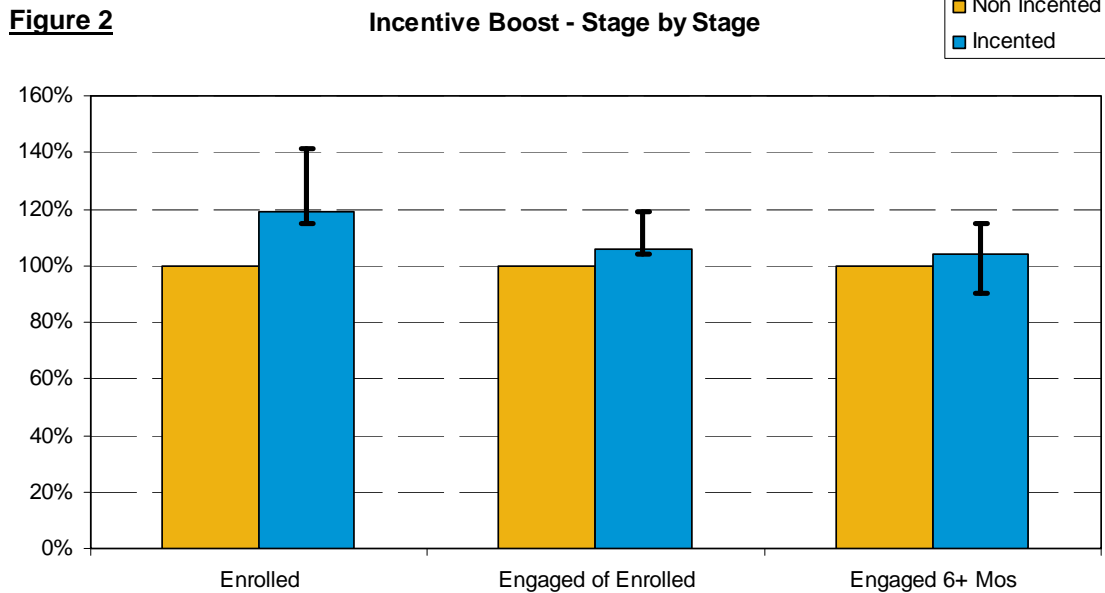
Operational variables such as the tenure and gender of health plan staff and whether the member and the outreach specialist were of the same gender were not found to be significant.

Members with significant barriers to care tend to enroll in HMC’s disease management programs more readily than those without such barriers.

Unlike enrollment, successful engagement is more tied to demographic and operational factors than to member characteristic drivers. Once a member is enrolled, operational efficiency, such as timely outreach, helps determine whether a member engages in a program. In other words, while the member must first express interest in the program by enrolling, responsibility shifts to the disease management company to build on this interest after enrollment.

Incentives can help boost participation rates and outcomes, even among those less inclined to respond to engagement efforts. While member-level drivers help predict who will participate in a program, they are not the end of the story. The use of incentives represents a growing trend to encourage participation in certain health and wellness programs, including disease management programs, with the hope of helping members achieve specific health outcomes. Monetary awards are among the most popular incentives used today.⁷

Figure 2 illustrates the incremental benefit incentives can have throughout the participation continuum. Most notably, groups offering incentives reported an average increase in program enrollment of 10 to 20 percent.



Incentives are valuable in improving enrollment rates and sustaining longer-term engagement. Member-level attributes have the greatest influence when it comes to actually enrolling members in health-related programs. Therefore, incentives could prove especially useful with people who are unlikely to enroll. Across the companies studied, incentives also helped increase engagement *after* enrollment by an average of seven percent.

Because the use of incentives is a relatively new strategy for some groups, small sample sizes may have affected study results. Yet, by combining the results of each incentive level, HMC researchers found that populations given incentives had 50 percent more members engaged after six months than populations without them. HMC is continuing its research in this area, with a focus on the types of incentives that are most valuable. To date, HMC has studied an array of incentive offerings including:

- Reduced or eliminated copayments for condition-related medications
- Free annual eye exams for members with diabetes
- Contributions to account-based plans (e.g., health reimbursement and health incentive accounts) for enrollment, assessment, continued participation and program graduation

Employer promotional efforts, in collaboration with disease management providers, can positively influence health program participation rates. The study found a strong, positive correlation between large national employers and increased member participation. Large, national employer accounts typically work closely with the disease management provider to promote the programs and integrate them into employee health and wellness offerings.

Recent research from Towers Perrin describes such employers as “high performing” companies in that they consistently promote health and wellness in the workplace, strongly encourage healthy behaviors and participation in health programs and, consequently, realize sizeable reductions in overall health care costs.⁸

Specifically, the study found that high-performing companies have, on average, 16 percent lower costs per employee than low-performing companies or companies that don’t actively promote health and wellness in the workplace.⁹ The Towers Perrin study is consistent with HMC’s finding that employers

have a significant ability to drive member participation in health and wellness programs by enhancing or implementing efforts to promote the programs in the workplace.

CONCLUSION

Strengthening relationships with members and employers while enhancing operational efficiency are critical to improving participation in health improvement programs. Understanding the profiles of individuals who are likely to participate in health care programs or initiatives can increase enrollment and lead to greater engagement. To maximize participation, efforts should focus on:

- Customizing the enrollment process based on demographic profiles
- Identifying alternative methods for managing members who, based on their profile, are not likely to respond to traditional phone-based disease management
- Refining the engagement process to reach members faster
- Selectively offering incentives to optimize participation and engagement
- Leveraging the health plan and/or employer to aggressively promote disease management programs to employees

To truly improve medical outcomes and reduce health care costs, collaboration is crucial among employers, health plans and the providers of care management programs. Each has the potential to affect member behavior and, together, they can cultivate an environment where healthy choices are valued, supported and strengthened. In such an environment, members can be targeted with specific programs and interventions that are personally relevant to them – and they will want to get involved. Most importantly, they will see the value in actively participating in disease management programs specially designed to improve their health.

ABOUT HMC

Founded in 1983, HMC provides employers, individuals, health plans and government entities with health, wellness and disease management programs and resources. HMC's health care professionals include nurse care managers, physicians, pharmacists, dietitians and exercise physiologists. Together, they work with health plan members to help them optimize their health and achieve positive results.

ABOUT THE WELLPOINT INSTITUTE OF HEALTH CARE KNOWLEDGE

The WellPoint Institute of Health Care Knowledge is a web-based publishing clearinghouse for health related research conducted by WellPoint and its subsidiary companies. The Institute regularly releases educational information in the form of reports, white papers and research summaries, with the goal of enhancing health care quality and value by providing facts and information to support informed health care decision-making. For more information, visit the WellPoint Institute of Health Care Knowledge at www.wellpoint.com/institute.

¹ Measuring the Drivers of Enrollment and Engagement in the HMC ConditionCare Program, Health Management Corporation, 2008.

² Employee Health & Productivity Management Programs: The Use of Incentives. A Survey of U.S. Employers. 2008. IncentOne. December 17, 2008. <http://www.incentone.com/files/2008-SurveyResults.pdf>.

³ Soeren M, Seid M, Ma S. Evidence for the Effect of Disease Management: Is \$1 Billion a Year a Good Investment? American Journal of Managed Care. 2007; 12:670-6.

⁴ Lynch WD, Chen C, Bender J, Edington DW. Documenting Participation in an Employer-Sponsored Disease Management Program: Selection, Exclusion, Attrition, and Active Engagement as Possible Metrics. Health as Human Capital Foundation. J Occup Environ Med. 2006; 48:447-454.

⁵ Measuring the Drivers of Enrollment and Engagement in the HMC ConditionCare Program, Health Management Corporation, 2008.

⁶ Stretcher VJ, McClure J, Alexander G, Chakraborty B, Nair V, Konkel J, Greene S, Couper M, Carlier C, Wiese C, Little R, Pomerleau C, Pomerlasu O. The Role of Engagement in a Tailored Web-Based Smoking Cessation Program: Randomized Controlled Trial. J Med Internet Res 2008;10(5):e36.

⁷ Employee Health & Productivity Management Programs: The Use of Incentives A Survey of U.S. Employers. 2008. IncentOne. December 17, 2008. <http://www.incentone.com/files/2008-SurveyResults.pdf>.

⁸ Health Care Cost Survey 2008. Towers Perrin. December 21, 2008. http://www.towersperrin.com/tp/getwebcachedoc?webc=HRS/USA/2008/200801/hccs_2008.pdf.

⁹ Ibid.