ACAP
Association for Community Affiliated Plans

Safety Net Health Plans Working to Improve Enrollee Wellness

SUMMARY

Safety Net Health Plans undertake a wide variety of activities to improve their members' health and well-being. These activities include member engagement and education, health assessments, distribution of information about preventive services, and specific programs to address the health and wellness needs of their members. Safety Net Health Plans provide members with information about proper nutrition, exercise, smoking cessation, the importance of well-child visits, personal safety tips, and general information about health literacy.

To communicate this information, plans use a multi-pronged process often beginning with an initial health assessment or a welcome phone call where they will share preventive services and informational resources the new member can access. Plans also provide this information to enrollees through member newsletters, print advertisements, community events, and through in-network providers. In addition to providing general preventative services and information to enrollees about healthy lifestyles, many Safety Net Plans have developed specific programs to assist members with the components of a healthy life style that go beyond what is typically addressed in a medical setting.

These programs are tailored to meet the unique and varying needs of the populations that Safety Net Plans serve. The programs profiled here aim to improve long-term health and wellness, build healthy habits, empower members with the information and resources to make healthful decisions, or a combination of these factors. Safety Net Health Plans' expertise and commitment to serving low-income populations have made these programs possible.

WHAT ARE WELLNESS PROGRAMS?

Wellness programs have been part of employer-based health care for more than two decades. Often referred to as workplace wellness programs, they are offered as part of an employer's group health insurance offering, or as a standalone product[1]. Programs vary by employer and range from comprehensive lifestyle coaching and interventions to exercise clubs and discounted

[1] http://www.dol.gov/ebsa/pdf/workplacewellnessmarketreview2012.pdf

gym memberships. The programs' popularity has flourished in recent years. A 2011 survey done by the Kaiser Family Foundation found that among employers with three or more employees that offered health benefits, more than 67 percent also offered at least one wellness program[2]. Whatever the structure of individual programs or activities may be, the goal has been to improve the health of participants and help control health care costs.

Wide variations in size and structure make it difficult to define a "typical" wellness program, but wellness programs generally share several common features and activities. Programs frequently collect health risk assessments, including screening for conditions such as high blood pressure and cholesterol, provide materials to help participants in making wise decisions in improving their health, and suggest behavior modifications to help program participants address conditions and health risks surfaced by the health risk assessment[3]. Typical modifications include weight management programs, smoking cessation, exercising, and improving health literacy.

WELLNESS PROGRAMS AND ACTIVITIES IN MEDICAID

Wellness programs within Medicaid are less understood than their workplace counterparts, but are no less important.[4] The importance was recognized in the Affordable Care Act that provided $85 million in grants to states over a five-year period to design incentive-based wellness programs to support prevention goals. These grants, given to a total of ten states, are known as the Medicaid Incentives for the Prevention of Chronic Diseases. The Medicaid incentive grants are pilot programs focusing on controlling chronic disease through smoking cessation and weight management. Each of the ten participating states (California, Connecticut, Hawaii, Minnesota, Montana, Nevada, New Hampshire, New York, Texas and Wisconsin) has designed their own program. The programs range widely in both size and scope. California's program is the largest and expects to engage over 20,000 beneficiaries with financial incentives for using telephonic counseling for smoking cessation and managing diabetes. The Montana program is the smallest and expects to enroll a minimum of 726 adults in danger of developing cardiovascular disease and type 2 diabetes in a comprehensive weight management program[5]. Each of the pilot grants include reporting provisions and should provide additional information on designing wellness programs for Medicaid populations.

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[2] http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_69.pdf
[3] http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_69.pdf
[4] http://content.healthaffairs.org/content/32/3/497.full.pdf
[5] http://innovation.cms.gov/initiatives/MIPCD/MIPCD-The-States-Awarded.html

Medicaid managed care organizations, particularly Safety Net Health Plans, have also been involved in the development of wellness activities and programs. Plans have designed initiatives based on recognized needs of their membership, at the suggestion of their provider partners, and to help states meet public health goals.

PREVENTING CHILDHOOD OBESITY & CLOSING THE HEALTH DISPARITY GAP

A disturbing trend long recognized by the medical community has found its way into the public discourse; childhood obesity is a serious and growing issue. According to the Center for Disease Control (CDC), the rate of obesity for children ages 2-19 has tripled since the 1980s. Today, more than 1 in 6 school-age children are obese.[6] The CDC reports that obese children are more likely to have high blood pressure, asthma, musculoskeletal discomfort, and type 2 diabetes[7].

Obesity is a health risk in and of itself, and can serve as an indicator of other potential health risks. Obesity among children and adolescents in Medicaid is also very costly--obese children in Medicaid incur estimated costs that triple those of the average insured child.[8] Obesity is also more prevalent among ethnic and racial minorities.[9]

In 2008, **Health Plan of San Mateo** decided to implement a program to address the growing rates of obesity among its Hispanic members. Health Plan of San Mateo chose a program to specifically work with Hispanic members because their partners, the primary care physicians, requested it. In addition, examining BMI data showed the rate of obesity to be 10 percent higher for Hispanic members compared to white members.

HPSM decided to implement the SHAPEDOWN program, which was developed by nutritionists at the University of California-San Francisco as a program for weight management for children and adolescents. The plan chose this program because research had shown that the program reduced participant BMI and improve their overall level of fitness.

Unfortunately, at that time, the SHAPEDOWN program was not yet offered in Spanish. Recognizing the importance of offering a program in the participants' first language, Health Plan of San Mateo began a yearlong campaign to raise over $150,000 to have the program professionally translated into Spanish. Health Plan of San Mateo worked across the community

[6] http://www.cdc.gov/obesity/data/childhood.html
[7] http://www.cdc.gov/obesity/childhood/basics.html
[8] http://www.medstat.com/pdfs/childhood_obesity.pdf
[9] http://futureofchildren.org/publications/journals/article/index.xml?journalid=36&articleid=101&sectionid=645

soliciting donations from providers, foundations, and even the translators themselves. After commissioning the translation, the plan began implementation of the program.

SHAPEDOWN consists of 8 weeks of classes for participating families as well as workbooks to reinforce the lessons taught in the class. Families attend the classes together and children and parents have a joint general session, before splitting up and receiving information appropriate for their respective ages. The program combines information about healthy eating and activity to provide participants with the tools required to maintain a healthy weight.

The program has been extremely popular with enrollees. Since 2009, the health plan has conducted over 37 eight week class sessions, and over 50 families participated each year. The program results have been encouraging: 50.8 percent of the SHAPEDOWN participants have decreased their BMI by, on average, 1.75 percent. The program has become so popular that Health Plan of San Mateo is considering expanding the program to target the Pacific Islander community.

ADULT OBESITY & HELPING MEMBERS MAINTAIN A HEALTHY WEIGHT

America has seen a rapid increase in the number of overweight and obese people in the last two decades. In 1990, no state had an adult obesity rate over 15%. By 2010 none of the fifty states had obesity rates under 20%[10]. Obesity and its health risks—which include elevated risk of heart disease, stroke, and diabetes[11]—are even more prevalent among the Medicaid population. Among Medicaid enrollees, there is a 34% obesity rate compared to a rate of 27% in the commercially insured population[12]. Safety Net Health Plans use a variety of programs to address this issue.

Family Health Network in Chicago works with both local Weight Watchers programs and Curves gyms to provide members free or discounted services. With members having access to options to provide both diet and exercise assistance, Family Health Networks has seen visible results with some members losing in excess of 40 pounds.

Family Health Network negotiated a waiver of the initial fee with Weight Watchers to help interested members begin attending meetings immediately. Interested members contact member services for information about attending their first meeting. They are given a weigh-in card that

[10] http://www.hsph.harvard.edu/obesity-prevention-source/us-obesity-trends-map/
[11] http://www.nhlbi.nih.gov/health/health-topics/topics/obe/risks.html
[12] http://www.gallup.com/poll/161615/preventable-chronic-conditions-plague-medicaid-population.aspx

is marked every week that they attend a weigh-in or a meeting. Members send these cards to Family Health Network. The plan provides coupons to cover subsequent sessions.

Family Health Network has operated this program since 2003. Last year alone over 1,400 members participated. While Family Health Network incurs a significant cost to provide this benefit to their members, the plan feels the results and subsequent improvement in their member's health have made the investment worthwhile. "We've seen some real benefits from our partnership with Weight Watchers, and it goes beyond pounds lost," said Barbara Hay, FHN Chief Operating Officer. "Our members who go to Weight Watchers meetings appreciate the sense of community fostered there. We've found that in providing a peer-group setting such as Weight Watchers, we are forming tighter bonds with our members." One program participant told the plan "Everyone at the meeting is facing the same challenges as me. We support each other and learn something new at each meeting." She went on to thank Family Health Network for the opportunity to participate in a program that she otherwise would not have been able to afford.

BMC HealthNet Plan has implemented a multipronged approach to address obesity among its members. First, the plan has focused on providing members with access to resources to promote effective self-management. These resources include a wellness guide detailing healthy choices, access to an online wellness portal to provide recipes, shopping lists, cooking tips, and track individual progress. Members who access the wellness portal are also given free access to weight loss tools such pedometers and scales so they can measure their activity level and weight. BMC HealthNet Plan encourages members to participate in physical activity by providing educational materials on low impact activities to help members improve their fitness as well as reimbursing members to offset the costs of gym memberships.

In addition to healthy eating and activity resources, BMC HealthNet Plan has an obesity care management program. BMC HealthNet Plan uses claims data to identify potential members for care management. Members that exhibit comorbidities in addition to obesity, are morbidly obese, or have had bariatric surgery are all looked at as potential candidates for care management. Once a member begins receiving care management they receive one-on-one advice from the plan's care management staff. Care managers create a customized plan is designed to fit the needs of the member's conditions and goals. Members with diabetes might have a plan focused on controlling their weight and blood sugar levels, while a patient at risk for a heart attack may have a plan focused on controlling their blood pressure. Care managers draw upon years of experience as well as a wealth of nutrition, exercise, and lifestyle resources to assist members with their unique circumstances.

NUTRITIONAL PROGRAMS EMPOWERING HEALTHY FOOD CHOICES

While nutrition has long been recognized as one of the most important components of a patient's health, it is a complicated subject that can confuse the most sophisticated consumer. **Neighborhood Health Plan** has started to address this by developing *The Thumbs Up for Healthy Food Choices* booklet. The goal is to provide easy-to-understand nutrition advice in an interesting and entertaining way.

The *Thumbs Up for Healthy Food Choices* is a 34-page booklet that provides basic instructions on how to read food labels, plan healthy meals, and information about proper portion sizes. The booklet was designed by health plan staff specifically for members with low literacy levels or for whom English is a second language. *Thumbs Up* augments the text with easy-to-understand pictures describing foods that make up a healthy diet and features graphics of color coded plates to demonstrate a properly portioned and balanced meal.

Neighborhood Health Plan utilizes the booklet in their case management program, provides copies at community health fairs, supplies providers with copies to use when discussing healthy nutrition with patients, and includes the booklet in each of their pre and post natal packets. Laura Noble, NHP Wellness Manager, said "Providers really appreciate the simple to understand visuals; I get feedback all the time from providers letting us know how much easier it makes discussing nutrition with their patients."

The plan uses over 10,000 copies of the *Thumbs Up for Healthy Food Choices* booklet a year. "For a relatively small plan, we use the material a lot, and of course we are always trying new ways to utilize our material." This past year, Neighborhood Health Plan was able to use the *Thumbs Up* materials to augment an educational food shopping experience hosted in partnership with the American Heart Association. During the experience, the plan gave out information about purchasing healthy food at local supermarkets. Ms. Noble noted "Events like this and resources like *Thumbs Up for Healthy Food*, allow us to connect with our members and our community. We really think that it helps us build relationships and loyalty with providers and members."

SMOKING CESSATION

Tobacco use poses short- and long-term health risks. The rate of tobacco use in the United States has steadily declined over the past decade, 23.3 percent of adults smoked in 2000 compared to

19.3 percent in 2010[13]. But smoking rates remain as high as 35 percent among the adult Medicaid population[14].

In 2012, **Passport Health Plan** implemented a pilot program with eight Walgreens drugstores on a new smoking cessation program. The program is free to Walgreens customers and Passport members and aims to improve community health by giving smokers the tools, resources and ongoing clinical pharmacist counseling to quit smoking. Passport worked with Walgreens and faculty at the Kentucky Cancer Program at the University of Louisville's James Graham Brown Cancer Center to develop the program and provide specialized training to participating pharmacists and technicians.

Passport Health Plan and the pharmacists work to identify members that are interested in quitting smoking. A pharmacist spends 10-30 minutes with an interested member to develop a comprehensive plan, provide cessation resources, and decide on a quit date. During this conversation, the pharmacist educates the patient on withdrawal symptoms, ways to cope with cravings, social supports and rewards for quitting tobacco use.

Over the four weeks following their initial meeting, sessions between the pharmacist and the patient occur at seven- to ten-day intervals and include a phone call or in-person discussion. During follow-up, the pharmacist assesses how the patient is coping with attempting to quit and reviews the patient's quit date, any slips, relapses, withdrawal symptoms, cravings, or triggers. The pharmacist also assesses whether the current treatment is working. After initial treatment, the pharmacist and Passport Health Plan check in with the participant at 3-month intervals. All information gathered by pharmacists about the patient's tobacco use and health habits is captured by an electronic health record and shared with the Passport provider network quarterly. In the first year of the program 230 members of Passport received at least one consult from a pharmacist. Passport is currently working with the University of Kentucky to analyze the data they gathered from the initiative.

PARTNERING TO SUPPORT CHILDHOOD HEALTH AND SAFETY

Access to regular checkups are an important part of a healthy childhood, as is a safe living environment for children. **Community Health Plan of Washington** has found a way to address both of these needs with its Children First™ program. Children First™ rewards enrolled

[13] Information from Center for Disease Control Morbidity and Mortality Weekly Reports: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5129a3.htm, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6144a2.htm
[14] http://www.cdc.gov/nchs/data/series/sr_10/sr10_249.pdf

members for participation in prenatal visits, regular Well Child visits, and completion of immunizations with safety products like bike helmets, car seats, and cabinet locks. Rewards for infants include car seats and safety locks for baby-proofing, but as kids grow older, items like booster seats for cars and bike safety equipment are added to the reward mix.

Community Health Plan of Washington informs parents of its incentive program through its website, flyers at outreach and health fair events, and signage in clinics and physician offices. Children First™ is available to all non-Medicare plan members and is quickly becoming a popular program. In 2011, members submitted 9,058 voucher requests to the plan, and by 2012, this number more than doubled to 19,570. Because of this growth, two full-time employees have been brought on to lead the program.

Community Health Plan of Washington believes Children First™ has helped not only to boost the number of members receiving prenatal care and getting regular Well Child visits, but also the safety and satisfaction of its members. "The growth in participation in the program really speaks for itself," noted Program Manager Erik Winsor. "More of our members are receiving the care they need, and they are seeing immediate rewards. Hopefully, we help members see that a visit to the doctor's office for well-child care is a positive thing."

EDUCATING THE ENTIRE COMMUNITY ON HEALTHY CHOICES

Inland Empire Health Plan (IEHP) identified smoking and lack of nutritional information as a large problem among its child members and the community at large. So the health plan undertook an effort to educate the entire community about the dangers of smoking and poor nutrition.

Through the Eradicator Campaign, IEHP created a comic book superhero—"The Eradicator"—that combats smoking and teaches children about the dangers of cigarettes. They created a comic book, posters, bookmarks, and other products. A live-action version of the Eradicator was sent to school and community events and made appearances on local television. The campaign allowed the health plan to interact with at-risk children through a wide variety of mediums in an interactive way.

In addition to the Eradicator, IEHP also created "Super Nutricia" to teach about healthy eating and lifestyle. Similar to the Eradicator, Super Nutricia also has a comic book, posters, book marks, and a living version. Super Nutricia even has her own website where children can learn more about her adventures combating the "Junk Food Junkies" and find access to healthy recipes.

Both Super Nutricia and the Eradicator have received media and press coverage amplifying their healthful message, and a large number of requests from schools for both appearances and materials. The interactive nature of the program has engaged both the audience and the community. IEHP provides the comic books and additional materials to many of their community partners such as schools, food pantries, and healthcare providers. One of the special features of the super hero campaign has been its inclusiveness. IEHP provides these resources for the entire community not just their members. "We see Super Nutricia and the Eradicator as an extension of our commitment to improving the health of the community we live in." Marci Aguirre, Director of Community Outreach shared ""We might not be able to measure the return of the program in dollars and cents, but we are firm believers in its ability to improve the public's health and in its ability to build a connection between our health plan and the community we serve."

CONSIDERATIONS FOR POLICY MAKERS AND PLANS

The decision to design or implement wellness programs for publicly-insured populations poses several challenges for health plans. Among them are competing resources and priorities, a lack of reliable research material, questionable return on investment, difficulty in measuring program outcomes, and members "churning" in and out of Medicaid and the plan. There are steps that plans have taken to mitigate some of these challenges and there are further steps policies makers can take to make wellness activities in Medicaid more effective and easier to implement.

The first challenge is a lack of reliable research. A recent article in *Health Affairs* reviewed existing literature on incentive-based wellness activities in Medicaid and found that the body of research in Medicaid-based wellness programs is not yet well-developed enough to reach

definitive conclusions[15]. The Medicaid Incentives for the Prevention of Chronic Diseases grants, created by the Affordable Care Act, do include reporting requirements that should allow for examination and development of evidenced-based initiatives that have proven effective.

In addition to a lack of scholarly research at the macro level, outcomes in Medicaid wellness activities at the plan level are difficult to measure. While plans can track participation rates, often plans lack the capacity to utilize control groups to measure the success of their programs with specificity. They can tell some participants lose weight, quit smoking, or begin eating healthier, but have difficulty definitely proving their program was the cause.

The lack of data is exacerbated by the potential for a low rate of return on investment from wellness programs. A recent study, done by the RAND Corporation, of workplace wellness programs found that workplace wellness programs provide a relatively modest health care savings of $2.38 per participant per month in the first year. This savings increased to $3.46 per month in the 5th year of participation in a program[16]. It is easy to see that relative return on investment increases the longer a participant remains in a wellness program. This RAND study illustrates a fundamental challenge for Medicaid-based wellness programs: their most significant dividends in terms of participant health and plan finance come only after participants are enrolled in a program and plan for an extended period of time. But research has found that the average Medicaid participant is only enrolled for 9.7 months out of a year. This phenomenon, referred to as churning, is associated with a hectic on-and-off-and-on enrollment cycle[17] that interrupts access to health coverage, including wellness programs. Moreover, upon returning to Medicaid coverage, enrollees may be assigned to a different health plan, further interrupting access to the wellness program in which they participated.

Churning makes it more difficult for programs to effect meaningful change in participants' lives. Imagine working with a care manager or a weight loss coach for months, only to arrive one day and find you are no longer eligible for the program. Plans find that it can be particularly disheartening for members that were making progress before they lose their eligibility. Churn not only makes making a positive health impact more difficult, but complicates measuring the effectiveness of programs as well. Competing demands on resources can make it more difficult

[15] http://content.healthaffairs.org/content/32/3/497.full.pdf
[16] http://www.reuters.com/article/2013/05/24/us-wellness-idUSBRE94N0XX20130524
[17] Leighton Ku, PhD, MPH, and Erika Steinmetz, MBA, George Washington University. The Continuity of Medicaid Coverage: An Update. April 2013. .

to invest in wellness programs for members if plans might not see a positive return on investment.

Oftentimes, wellness programs are additional expenditures plans take on that are not reflected in the benefits package that they are contracted to provide. Programs and benefits that are not contracted for are typically not considered by the State when they are establishing rates. This causes many plans to face the hard decision between maintaining or expanding wellness programs and other demands on their financial resources. As plans prepare for the Medicaid expansion, Duals Demonstrations, and to serve in Health Benefit Exchanges, demands on limited resources continue to grow. States that wish to see wellness programs prioritized should recognize wellness services as a medical service that are incorporated into the actuarially sound rate setting process.

CONCLUSION

Despite the challenges, many Safety Net Health Plans are designing and implementing wellness programs for the low-income populations they serve. Plans see many benefits from these programs. They help engage and create loyalty among their members, provide benefits to the community at large, improve relationships with providers, help to distinguish plans from their competitors, and most importantly improve the health and wellbeing of their members.

Policy makers can make it easier for health plans to implement wellness programs by including funding for such programs in the rate setting process, prioritizing research into the effectiveness of wellness programs for low-income populations, and by addressing churn.