



STATE OF WISCONSIN
Department of Employee Trust Funds
Robert J. Conlin
SECRETARY

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Correspondence Memorandum

Date: August 14, 2019
To: Group Insurance Board
From: Molly Heisterkamp, Wellness & Disease Management Program Manager
Office of Strategic Health Policy
Subject: 2020 Wellness Program Changes

The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board):

- Approve expanding Ignite, a group-based weight management and diabetes prevention program offered by StayWell for benefit year 2020; and
- Increase the Well Wisconsin incentive value, starting in 2020.

Background

Over the past five years, the wellness and disease management program has seen success. Important highlights include:

- Establishing a uniform wellness incentive program, Well Wisconsin, in 2014 for all subscribers and spouses regardless of their group health insurance provider.
- Contracting with a third-party administrator (StayWell) to implement the uniform wellness incentive program.
- Increasing program participation from 15% in 2016, to 25% in 2017 and 29% in 2018.
- Reducing health risks by 2.1% for participants who completed program activities in both 2017 and 2018.
- Implementing wellness and disease management data reporting from StayWell to ETF's data warehouse, the IBM Watson data warehouse resource, Data, Analytics, and Insights (DAISI).

The goals of the Well Wisconsin program include:

- Achieve 40% participation by 2022.
- Maintain high participant satisfaction rates.
- Improve health outcomes.

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy

Electronically Signed 8/14/19

Board	Mtg Date	Item #
GIB	8.21.19	5C

To continue the success of the program and reach the identified program goals, two recommendations are outlined in this memo: expanding Ignite and increasing the Well Wisconsin incentive value.

Expanding Ignite

According to StayWell, 67% of Group Health Insurance Plan (GHIP) members are overweight or obese, which makes weight not only the most prevalent health risk for our population, but also one of the costliest. DAISI indicates the allowed amount per member with an obese body mass index (BMI) was \$3,624 greater than someone with a healthy BMI in 2018. See Appendix A. Additionally, DAISI indicates that diabetes, which is closely associated with weight, is the highest-cost health condition (after preventive care encounters) for GHIP members. See Appendix B. The percent of members with diabetes rose from 7.4% in January – December 2017 to 7.9% in January – December 2018. The GHIP Medicare Retiree subgroup with diagnosed diabetes grew the most, from 19.4% to 22.1%. Overall, there were 1,689 newly diagnosed diabetes patients in 2018 with \$3.6M in diabetes-related costs.

StayWell's Ignite pilot, a group-based weight management and diabetes prevention program, has provided positive results. According to StayWell, one year after the completion of the 2017 pilot with University of Wisconsin institutions outside of Dane County, 43% of pilot participants have lost an average of 14.5 pounds and 23% maintained their weight. The 2018 pilot with ETF and Department of Corrections employees ended in December 2018, with 46% of participants losing an average of 12.6 pounds at the end of the 12 weeks. Another 11% had maintained their weight.

In addition to StayWell's findings, ETF staff established an evaluation framework for the program to include the impact on overall medical and pharmacy costs and additional metabolic health factors such as blood pressure, glucose, HDL cholesterol and triglycerides. Due to the small program group size (50 participants) and short post-intervention period (one year), there are limitations in the ability to make any conclusions regarding the data collected to date.

A few highlights from the initial evaluation (see Appendix C) include:

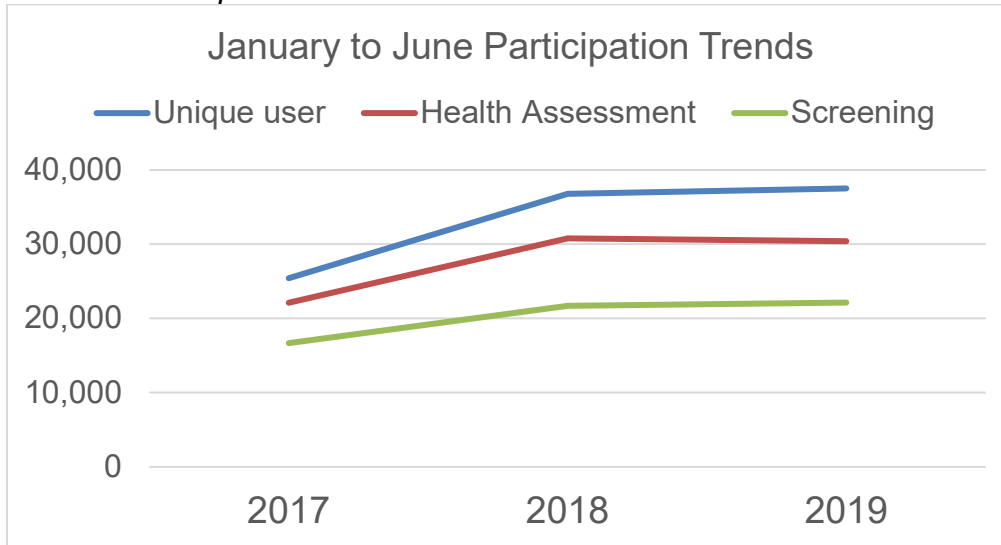
1. General GHIP trends show a reduction in prescription costs and an increase in medical costs. The Ignite participants' trends were consistent and a bit larger than the control.
2. Ignite participants saw improvements in their metabolic related metrics (glucose, HDL cholesterol and triglycerides) as compared to the control group.
3. Keeping in mind that blood pressure can fluctuate very easily, participants saw an increase in blood pressure as compared to the control group.

ETF recommends expanding the program to 200 participants in 2020. The total cost would be \$115,000 or 1% of the total estimated administration fees for Well Wisconsin (excluding the costs of the incentive). That is about \$.09 per employee per month (PEPM).

Well Wisconsin Incentive

Incentive program participation increased in the first two years of StayWell's administration (up from 15% in 2016 to 25% in 2017 and 29% in 2018). The increase in incentive program participation for 2018 occurred with the addition of a third requirement (a well-being activity). Currently, participation appears to be leveling off for the 2019 program year. See Chart 1.

Chart 1: Participation Trends



The 2022 goal is to reach 40% participation, which Segal Consulting reported as the minimum necessary rate “to have a measurable impact on changing the health risk profile of the covered population” (REF [GIB|3.25.15|Item 4C1](#)). They indicated 70% participation as being preferable.

StayWell recommends the following best practices for increasing engagement and return on investment for well-being initiatives:

- Comprehensive program design
- Population-based/culture-building activities
- Strong senior management support
- Integrated incentives
- Comprehensive communication
- Dedicated onsite staff
- Multiple program modalities
- Biometric health screenings
- Vendor integration

StayWell's assessment indicates the GHIP is doing well with most of these, however a few areas of opportunity include:

1. Continue to expand onsite activity efforts and wellness-supporting policies at the workplace.

2. Continue to strengthen management support and provide ways in which they can be active promoters.
3. Integrate the incentive into the benefits design and increase the amount to be more consistent with industry standards. The norm for StayWell clients is a health insurance premium credit with an average amount of \$491 per employee per year.

Adding the second onsite StayWell Program Manager in mid-2019 will help address opportunities #1 and #2. To address #3, the Board previously approved transitioning the incentive to a premium differential. Due to ETF's technical system constraints, 2022 will be the first year this may occur. When it does, payroll centers have expressed an interest in the Board adjusting the incentive amount to be easily divisible by 12. The Board does have the option to increase the incentive amount, currently \$150. Based on [Mercer's National Survey of Employer-Sponsored Health Plans 2018](#) , the median incentive amount is \$300 for employees in the government sector and \$450 per employee across all business sectors who have more than 20,000 employees.

Research published by StayWell (2009) and a publication by Towers Watson (2010) indicates that for every \$100 increase in an incentive value, program participation will increase 7–11% points assuming other program components remain the same. Due to the research being 9–10 years old, StayWell believes the increase would be closer to the 5–10% points.

The increased cost of the incentive may be offset by savings in medical and pharmacy costs. Industry research indicates three to five years as the minimum necessary to see a return on investment (ROI). StayWell will be completing an ROI evaluation in 2020 (unless the Board prefers to wait), allowing a fourth or fifth year of the program with StayWell.

In the meantime, some interesting findings from DAISI (Appendix D) indicate the following regarding state employees who participated in a screening in 2016, 2017 and 2018 as compared to those who were eligible, but did not participate:

- The overall costs are consistently about \$1,200 less for the screened cohort.
- There is a marked and generally sustained improvement in preventive visits among the screened cohort.
- Ambulatory emergency room visits are consistently lower for the screened cohort.

And, meeting the request of the GIB, an analysis of the ROI of the current Well Wisconsin incentive reward was performed. The results of the analysis determined the following:

Table 1: Return on Investment Analysis for Well Wisconsin Incentive

Population	Adjusted ROI	Unadjusted ROI
2017 – Active Membership	2.85	2.92

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2017 – Retired Membership	30.66	31.36
2018 – Active Membership	.39	.41
2018 – Retired Membership	21.12	25.56

As indicated in Table 1, the GHIP is experiencing a positive return on every dollar spent on the Well Wisconsin incentive for the Active Membership in 2017 and the Retired Membership in 2017 and 2018. The return on every dollar spent on the incentive for Active Membership in 2018 was about \$.40. It is important to note that these are preliminary results. Realizing health savings takes time. The industry standards for expectation of a ROI is at minimum three to five years. Additionally, the calculations utilized to identify these results may differ in methodology from future calculations that are scheduled to be performed by StayWell. For a better understanding of the calculations behind these results and the methodology used to satisfy the request and discussion regarding the results and limitations, please see Appendix E.

Furthermore, StayWell provided an estimate on avoidable health care and indirect costs based on their StayWell Impact Model (SIM), which is a predictive model based on collaborative research by StayWell, the Health Enhancement Research Organization, Thomson Reuters and Milliman, as well as other studies linking health assessment and health care claims data. See Appendix F. They indicated overall health risks decreased by:

- 2.1% for 2017 and 2018 repeat participants, which resulted in an estimated \$70 decrease per participant in avoidable costs.
- 10.2% for repeat participants who also participated in telephonic health coaching, which resulted in an estimated \$432 decrease per participant in avoidable costs.
- 6.5% for repeat participants who also participated in disease management, which resulted in an estimated \$282 decrease per participant in avoidable costs.

Increasing the Well Wisconsin incentive amount would also make it easier to ask non-Medicare Advantage health plans to stop offering additional wellness incentive programs because it would help balance the monetary loss members would experience. There are currently three who offer up to \$100/person or \$200/family and one who offers up to \$240/person or \$480/family. These programs prevent the GHIP from being a uniform design which intends to offer a benefit that is consistent for all members regardless of their health plan provider.

Asking non-Medicare Advantage health plans to stop offering additional incentive programs would also help minimize member confusion regarding why only some health plans offer incentives and reduce the administrative burden for ETF and employers related to the tax reporting requirements.

Some options for the Board to consider include:

Option 1: Continue with the status quo by offering the \$150 incentive to participants for 2020 and allow health plans to offer additional wellness incentives.

Pros:

- No cost increase to the program (see Table 1)
- No impact to participants who currently receive additional reimbursements from their health plan
- Allows time for StayWell to complete a comprehensive return-on-investment

Cons:

- Participation in the program is not expected to increase
- Incentive value is less than industry standards
- Not well prepared for the transition to a premium differential
- Administrative burden of reporting health plan issued wellness incentives for tax purposes continue

Option 2: Increase the incentive amount to \$180 and allow health plans to offer additional wellness incentives.

Pros:

- Participation is likely to increase slightly
- The incentive value will be slightly more aligned to industry norms
- Assist with preparations for the transition to a premium differential in 2022 by making the total incentive value easily divisible to a whole number
- No impact to participants who currently receive additional reimbursements from their health plan

Cons:

- Program costs increase (see Table 1)
- Administrative burden of reporting wellness incentives for tax purposes continues

Option 3: Increase the incentive amount to \$240 and restrict non-Medicare Advantage health plans from offering additional wellness incentives.

Pros:

- Participation is likely to increase
- The incentive value will be more aligned with industry norms
- Assist with preparations for the transition to a premium differential in 2022 by making the total incentive value easily divisible to a whole number
- Offset administrative burden health plan-issued incentives cause
- Offset the monetary loss members may experience if they currently receive reimbursements from their health plans

Con:

- Program costs increase (see Table 1)

Table 1: Cost impact of raising wellness incentive value

	Cost of program	Change in program costs	Estimated cost impact to employers in FICA taxes	Expected impact on participation
Option 1	\$13.50 PEPM		No additional impact	30% (no impact)
Option 2	\$15.02 PEPM	\$1.52 PEPM	\$0.12 PEPM	32%
Option 3	\$18.96 PEPM	\$5.46 PEPM	\$0.42 PEPM	37%

ETF staff recommend Options 2 or 3 to support continued growth in program participation and align more closely with industry norms. This will also help prepare for the transition to offering a premium differential in 2022 by making the total incentive value easily divisible to a whole number. Option 3 would offset the administrative burden health plan-issued incentives cause.

Conclusion

The wellness and disease management program is an essential piece of the Total Health Management (THM) model as proposed by Segal Consulting to drive greater member engagement in their own health before and/or between medical encounters within the healthcare system. The GHIP is seeing promising results with Well Wisconsin and believes there are opportunities to enhance the program offerings.

ETF recommends the Board approve expanding Ignite and increasing the Well Wisconsin incentive value. These strategies will contribute to increase member engagement and improved health outcomes.

ETF and StayWell staff will continue to evaluate program effectiveness and StayWell will complete a ROI analysis for Board review.

Staff will be available at the meeting to answer questions.

References:

Mercer. National Survey of Employer-Sponsored Health Plans: 2018 Survey Report. 2019.

Nyce S. Boosting wellness participation without breaking the bank. New York, NY: Towers Watson; July 2010.

Seaverson ELD, Grossmeier J, Miller TM, Anderson DR. The role of incentive design, incentive value, communications strategy, and worksite culture on health risk

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assessment participation. American Journal of Health Promotion. 2009;23(5):343-352.
<https://www.ncbi.nlm.nih.gov/pubmed/19445438>

Attachments:

Appendix A: Comparison of Allowed Amount Costs Based on Risks

Appendix B: Top 5 Episode Summary Groups by Allowed Amount for ETF

Appendix C: 2017 Ignite Program Evaluation

Appendix D: Health Screening Participation Evaluation

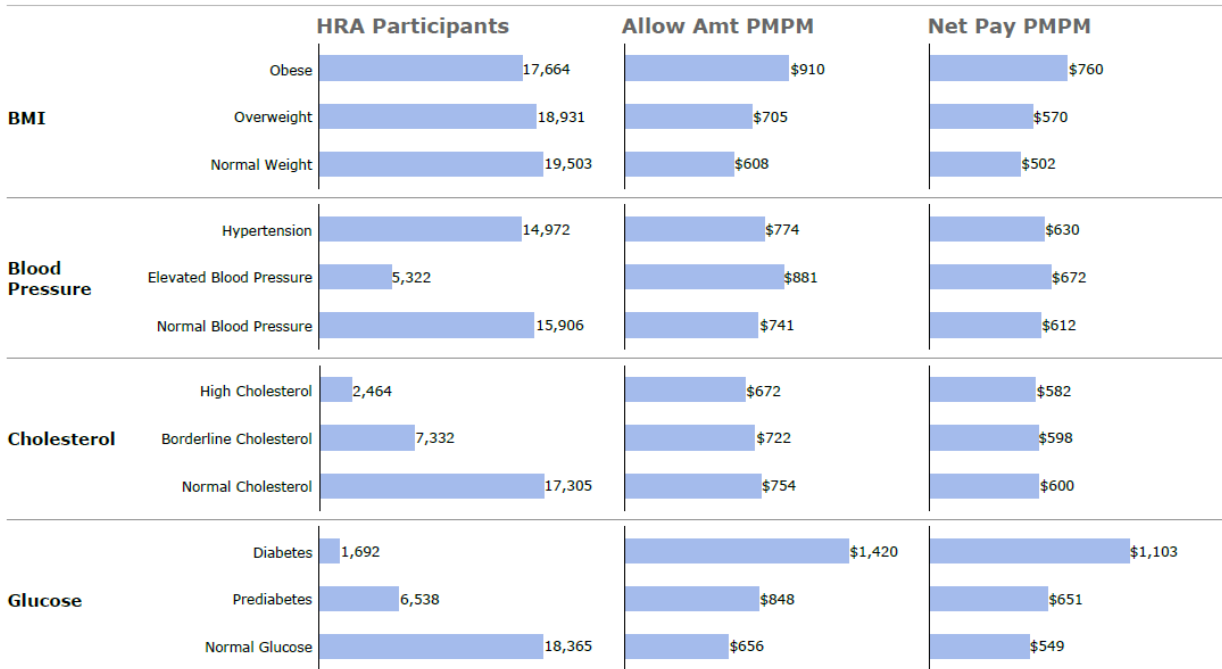
Appendix E: Preliminary Wellness Incentive Return on Investment Analysis

Appendix F: StayWell Impact Model

Appendix A: Comparison of Allowed Amount Costs Based on Risks

Clinical - Health Screening Indicators

Current Period: Jan - Dec, 2018 (Incurred)



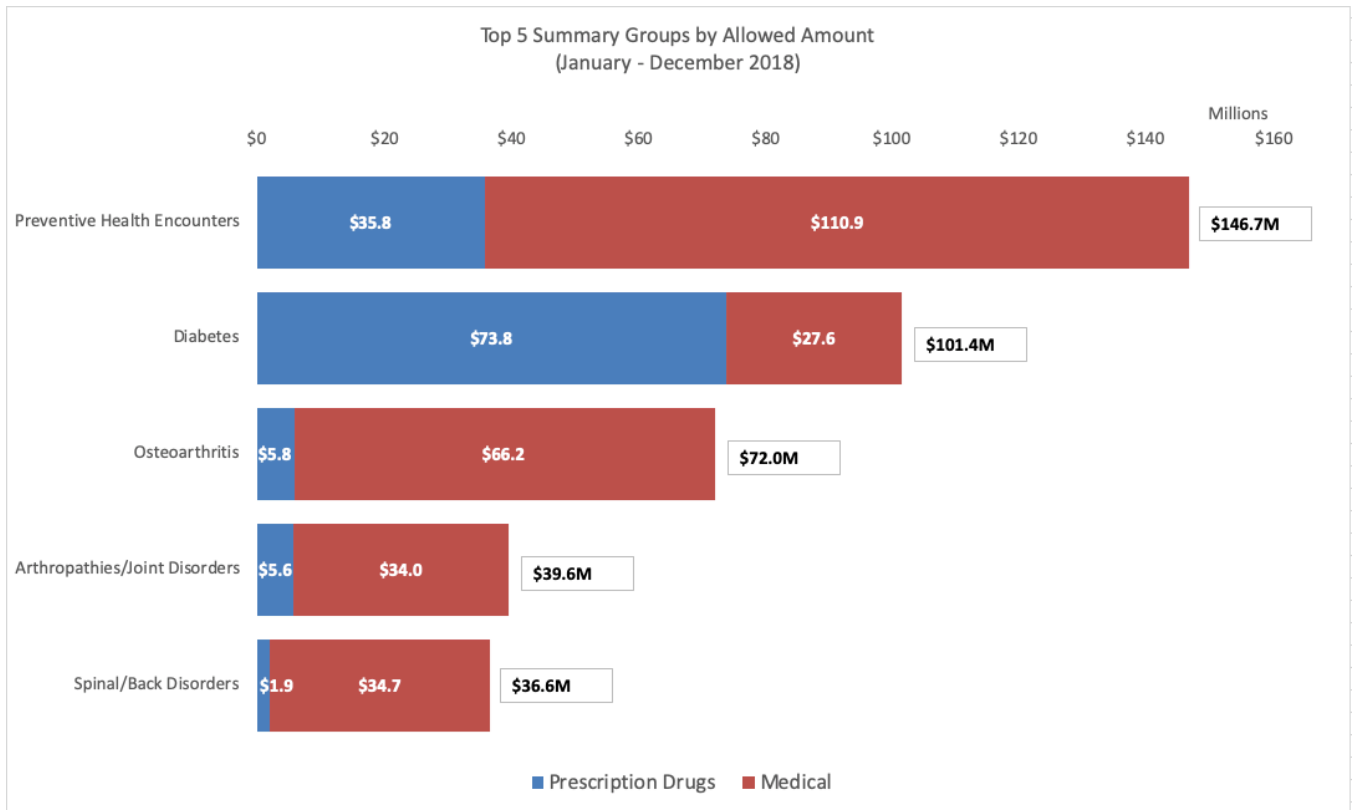
Body Mass Index (BMI): Normal Weight 18.5-24.9, Overweight 25.0-29.9, Obese >=30.0

Blood Pressure (Diastolic, Systolic): Normal (<80 and <120), Elevated (<80 and 120-129), Hypertension (>=80 or >=130)

Cholesterol: Normal <200, Borderline 200-239, High >=240

Glucose: Normal <100, Prediabetes 100-125, Diabetes >=126

Appendix B: Top 5 Episode Summary Groups by Allowed Amount for ETF



Source: IBM Watson Health Advantage Suite, created July 19, 2019.

Appendix C: 2017 Ignite Program Evaluation

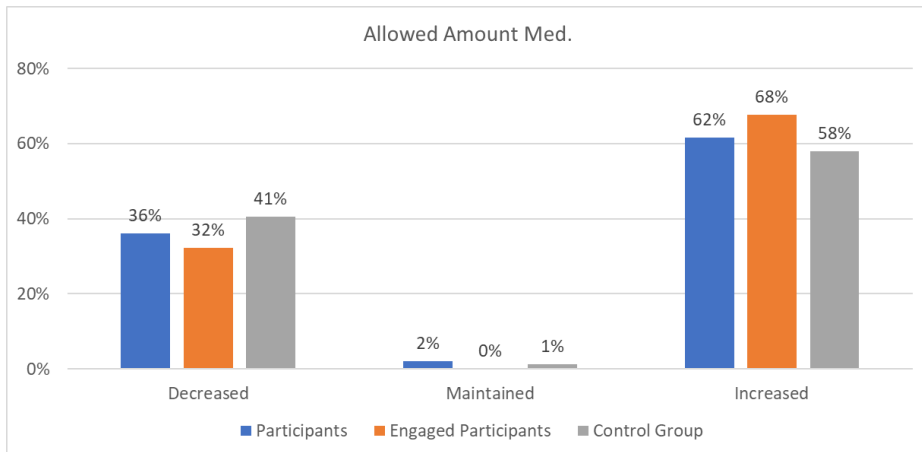
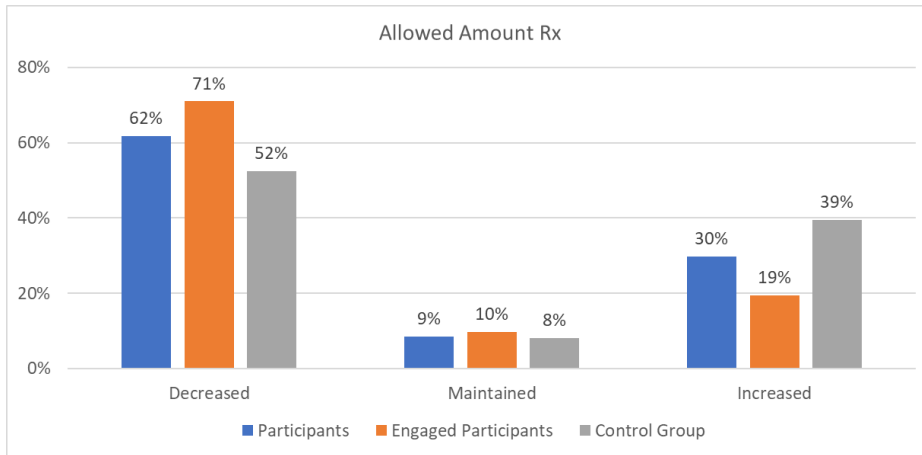
Participants = anyone who registered for Ignite

Engaged participants = anyone who completed at least 8/13 health coach contacts

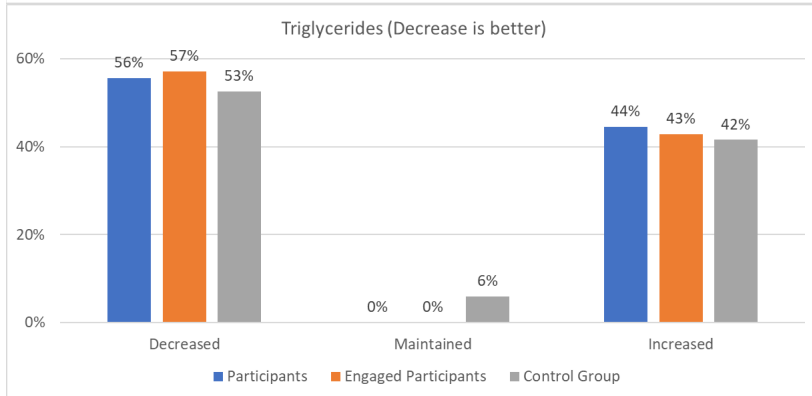
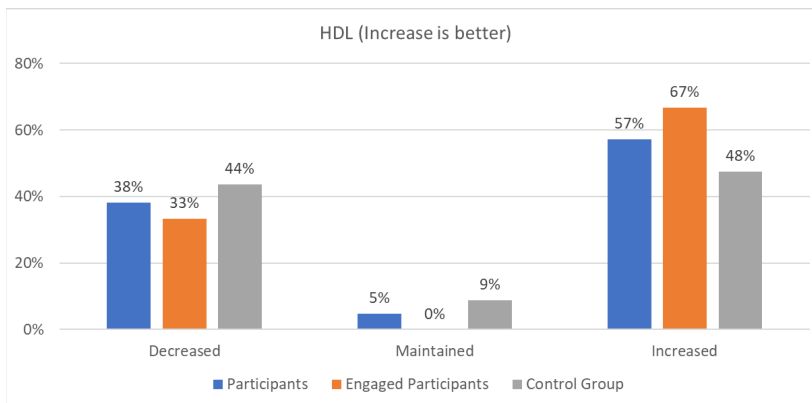
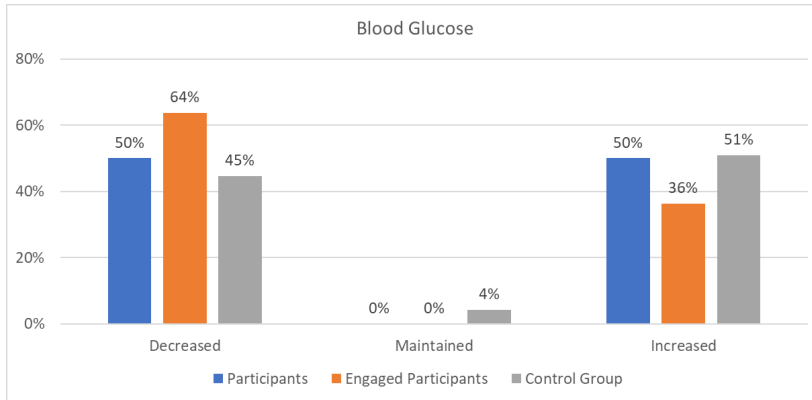
Control = anyone who was eligible based on metabolic syndrome risks

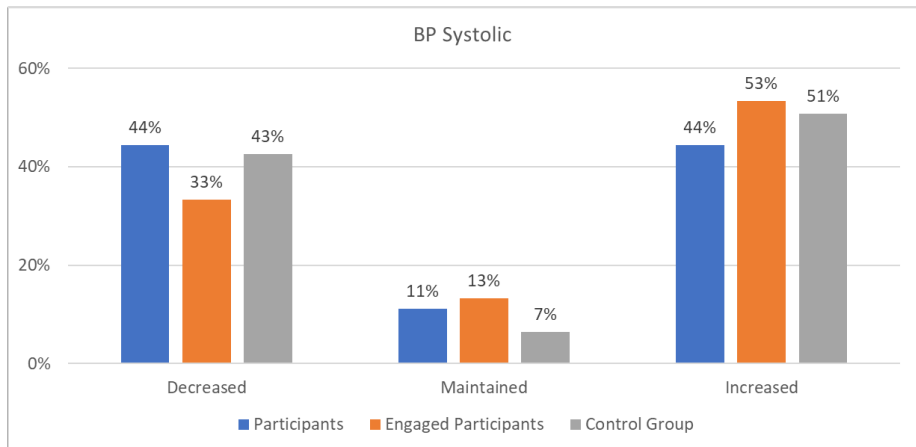
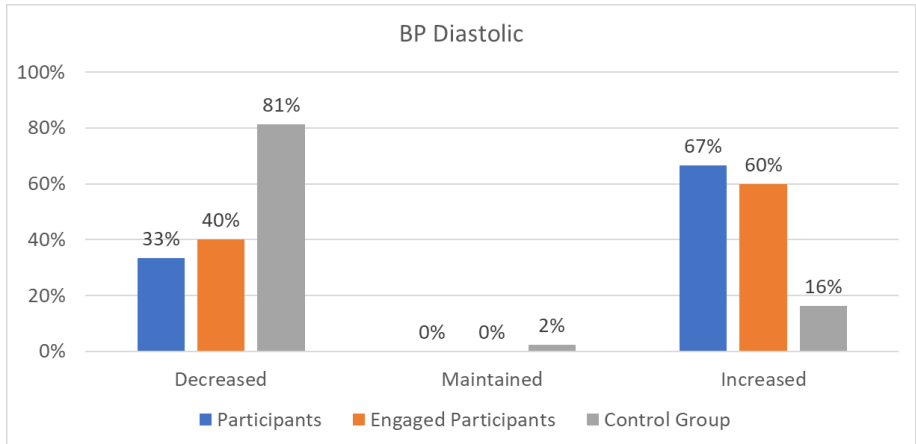
Ignite program: 2017

Post Assessment: 2018



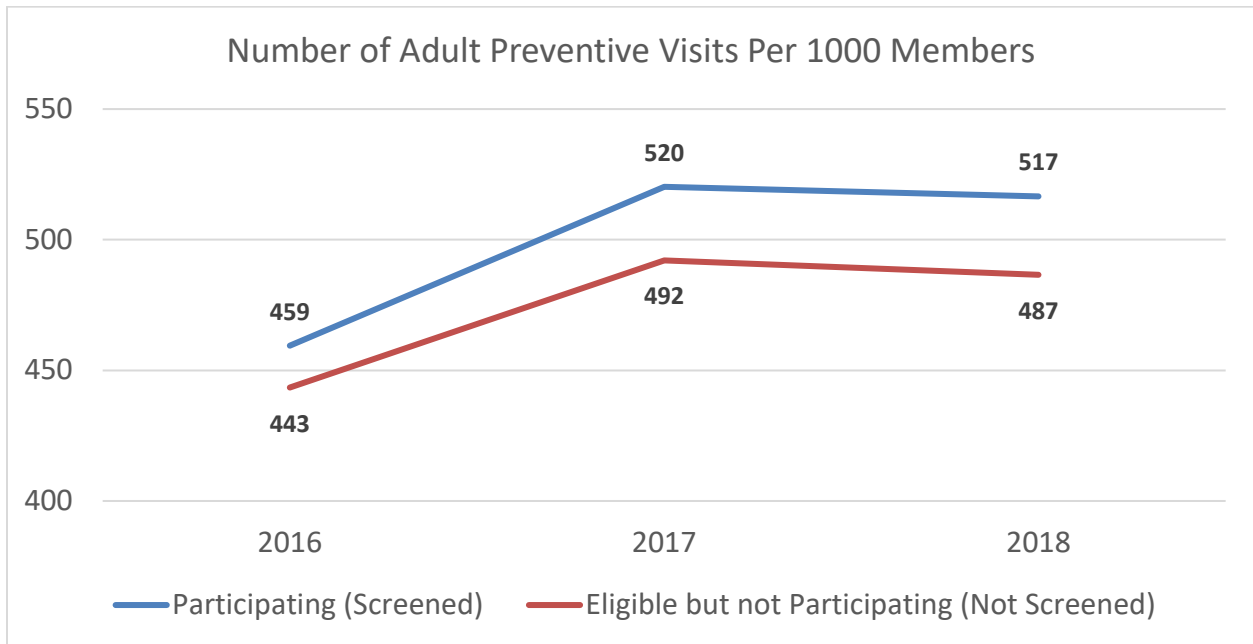
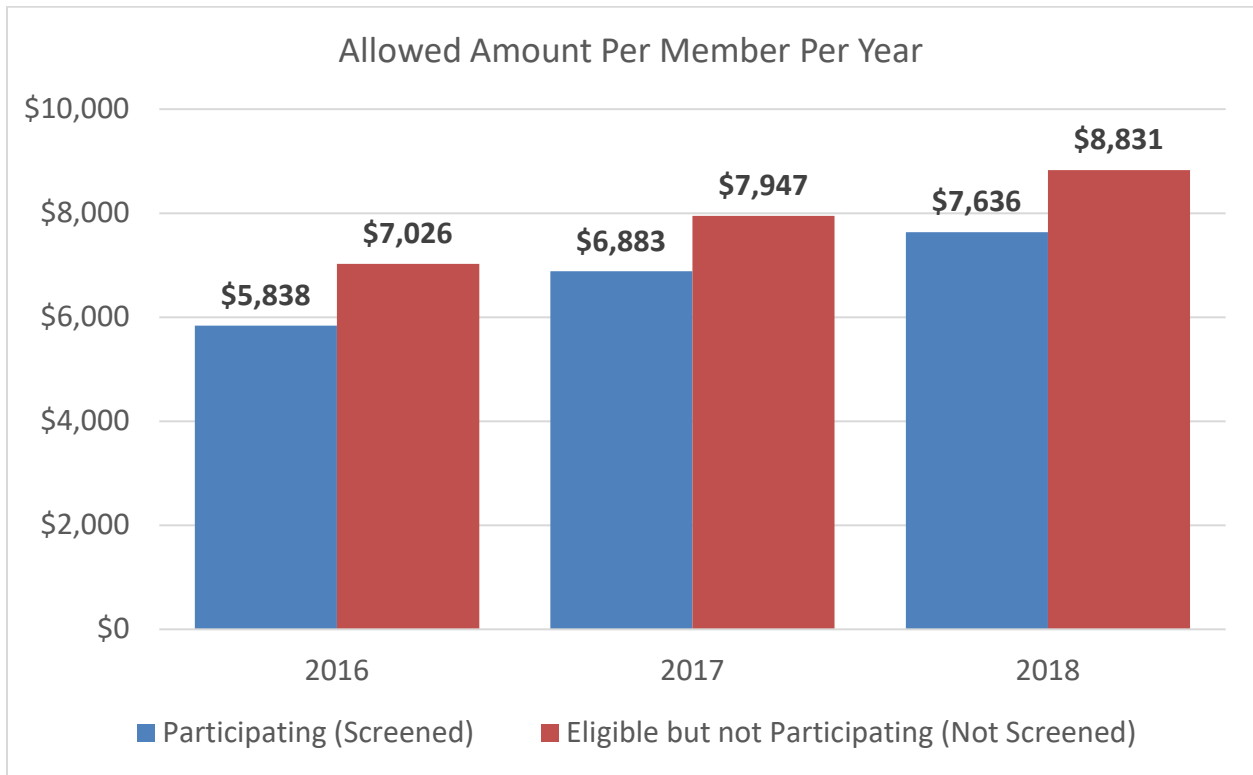
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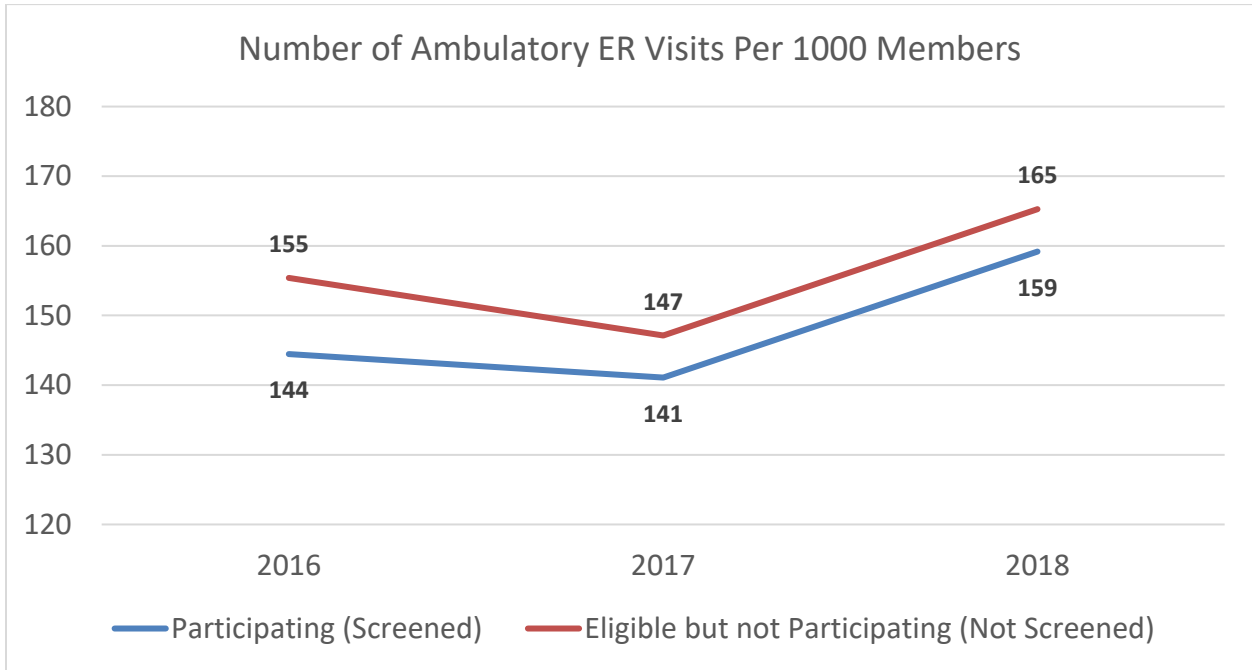




Source: IBM Watson Health Advantage Suite, created July 18, 2019.

Appendix D: Health Screening Participation Evaluation





Source: IBM Watson Health Advantage Suite, created July 24, 2019.

Appendix E: Preliminary Wellness Incentive Return on Investment – A Retrospective Cohort Analysis

Executive Summary

Meeting the request of the Group Insurance Board (GIB), an analysis of the Return on Investment (ROI) of the current Well Wisconsin incentive reward was performed. The results of the analysis determined the following:

Population	Adjusted ROI	Unadjusted ROI
2017 – Active Membership	2.85	2.92
2017 – Retired Membership	30.66	31.36
2018 – Active Membership	.39	.41
2018 – Retired Membership	21.12	25.56

It is imperative to understand that, while valid, these are preliminary results. At this point in time trend analysis cannot be performed due to limited data points. Additionally, the calculations utilized to identify these results may differ in methodology from future calculations that are scheduled to be performed by StayWell. For a better understanding of the calculations behind these results and the methodology used to satisfy the request, please continue reading this memo.

Background

At the May 2019 GIB meeting, a proposal was introduced to consider increasing the incentive payment for the completion of the Well Wisconsin incentive activities. One of the questions raised by the GIB was: What is the ROI for the incentive payment? This attachment serves to assist in answering that question.

Methods

Utilizing the data available within ETF’s data warehouse, the IBM Watson data warehouse resource, Data, Analytics, and Insights (DAISI), analysis was performed on a cohort of members and was then compared to a control population. The cohort is defined as Active Members and Retired Members who completed the Well Wisconsin program activities and earned the incentive in both 2017 and 2018. This cohort was then compared to Active Members and Retired Members who did not earn the Well Wisconsin incentive in 2017 and/or 2018. Defining the cohort to 2017 and 2018 is due to the length of time StayWell has been contracted to perform their services for the GHIP population. While the health plans administered the Well Wisconsin incentive program prior to 2017, the services varied enough that a comparison further back than 2017 would not be appropriate.

Comparison focused solely on the Allowed Amount Per Member Per Year (PMPY) of both Medical and Pharmaceutical (Rx) expenses. Active Members within the cohort was compared only to Active Members within the control. Likewise, Retired Members within

the cohort was compared only to Retired Members within the control. These two populations were separated due to significant differences in average member age, which is closely correlated to significant differences in overall costs.

To answer the question at hand (What the ROI is for the incentive payment) we first need to define the formula utilized for determining ROI. The traditional ROI formula is:

$$\frac{\text{Revenue}}{\text{Cost}} = \text{Return on Investment}$$

In this case, however, there is no revenue generated, instead there is potential cost savings in the reduction of claims in the study population in comparison to the control. Therefore, the ROI formula utilized for this analysis is:

$$\frac{\text{Claims Savings}}{\text{Cost}} = \text{Return on Investment}$$

Determining the *Claims Savings* portion of the formula required multiple calculations to adjust for healthcare cost inflation and for selection bias in the study population. The steps taken to achieve the *Claims Savings* value are described below:

Step 1:

Data on the study cohort and control population, were gathered back to 2016. Utilizing 2016 data on Allowed Amount PMPY for Medical and Pharmaceutical provides a baseline value for comparison moving forward. Additionally, the overall Allowed Amount PMPY for Medical and Pharmaceutical amongst the entire ETF population (split between Active and Retired members) was captured for comparison against future years to establish the year over year percent inflation of healthcare costs.

Step 2:

Similar data was collected for both 2017 and 2018.

Step 3:

The unadjusted PMPY Savings was calculated by subtracting the Allowed Amount PMPY for Medical and Pharmaceutical in the study population that did earn the incentive from the control population that did not earn the incentive for 2016, 2017, and 2018. This was performed for both the Active and Retired membership populations.

$$\text{Unadjusted PMPY Savings} = \text{Allowed Amount PMPY (control pop.)} - \text{Allowed Amount PMPY (study pop.)}$$

Step 4:

The PMPY Savings was then adjusted for year-over-year healthcare cost inflation. This was calculated by determining what the percent increase in Allowed Amount PMPY for Medical and Pharmaceutical for the entire ETF population (not just the cohort) from 2016 to 2017, and 2017 to 2018, for both Active and Retired member populations. These percent increases were then applied in reverse to each years' respective PMPY Savings to bring those in terms of 2016 dollars. This adjustment was made in order to make a fair and conservative comparison of PMPY Savings that is unaffected by healthcare cost inflation.

$$\frac{(\text{Overall ETF Allowed Amount PMPY}_{2017} - \text{Overall ETF Allowed Amount PMPY}_{2016})}{\text{Overall ETF Allowed Amount PMPY}_{2016}} \times 100 = \% \text{ Change}$$

$$(\text{Unadjusted PMPY Savings}) \times (1 - \% \text{ Change}) = \text{Healthcare Cost Inflation Adjusted Allowed Amount PMPY Savings}$$

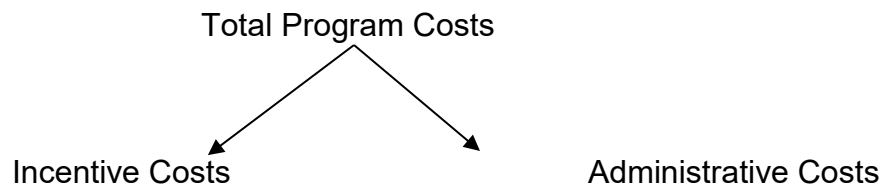
Step 5:

The adjusted PMPY Savings value was then adjusted a second time to account for differences in age, sex, and illness burden/costs in the cohort's study population. To account for this, the Allowed Amount PMPY for Medical and Pharmaceutical was generated utilizing IBM's dynamic risk adjustment which accounts for these differences, allowing for a valid comparison between the study and control populations.

To determine the Cost value in the ROI calculation, the following steps were performed:

Step 1:

Determine the overall cost of the wellness program for 2017 and 2018 separately, and split the cost between costs directly associated with the wellness incentive (i.e. the \$150 incentive) and all other administrative costs.



Step 2:

Divide the Incentive Cost total by the total number of members that earned the incentive (not exclusive to the cohort). This will determine the PMPY Cost for the incentive costs. Likewise, divide the Administrative Cost total by the total number of members that were eligible to have participated in the wellness program and receive the incentive. Notice, this includes both members that did and did not receive the incentive reward. This will determine the PMPY Cost for the administrative costs.

$$\text{Incentive Cost PMPY} = \frac{\text{Total Incentive Cost}}{\text{Population of Members who Earned Incentive}}$$

$$\text{Administrative Cost PMPY} = \frac{\text{Total Administrative Cost}}{\text{Population of Eligible Members}}$$

Step 3:

For members who did not receive the incentive reward, the PMPY Cost is equal to the PMPY Administrative Cost. For these members, this value is equal to the *Cost* value in the ROI calculation.

For members who did receive the incentive reward, the PMPY Cost is equal to the PMPY Administrative Cost plus the PMPY Incentive Cost. For these members, this value is equal to the *Cost* value in the ROI calculation.

Now that for both Active and Retired members the *Claims Savings* and the *Cost* values have been determined, the ROI calculation can be performed.

Results

Utilizing the methods discussed previously, our analysis shows the following results.

In 2017, for Active members, the differences in age, sex, and illness burden/costs and healthcare cost inflation adjusted PMPY ROI is 2.85. The unadjusted PMPY ROI is 2.92. For Retired members, the differences in age, sex, and illness burden/costs and healthcare cost inflation adjusted PMPY ROI is 30.66. The unadjusted PMPY ROI is 31.36. The unadjusted total difference in Allowed Amount for Medical and Pharmaceutical for the Active member population is \$13,917,666. The unadjusted total difference in Allowed Amount for Medical and Pharmaceutical for the Retired member population is \$23,655,589.

In 2018, for Active members, the differences in age, sex, and illness burden/costs and healthcare cost inflation adjusted PMPY ROI is .39. The unadjusted PMPY ROI is .41. For Retired members, the differences in age, sex, and illness burden/costs and healthcare cost inflation adjusted PMPY ROI is 21.12. The unadjusted PMPY ROI is 25.56. The unadjusted total difference in Allowed Amount for Medical and Pharmaceutical for the Active member population is \$1,991,002. The unadjusted total

difference in Allowed Amount for Medical and Pharmaceutical for the Retired member population is \$19,563,699.

A value that is important to the overall ROI of the program itself that is not captured in the Allowed Amount PMPY Savings calculation is the cost allocated to the population that did not earn the incentive reward. In 2017 and 2018, administrative costs of \$49.07 and \$54.27 respectively were allocated to each eligible member. Administrative costs cover a wide variety of costs associated with other StayWell program costs (i.e. health coaching) and overhead cost. If focusing solely on the incentive reward, then any eligible member that does not earn the incentive reward, and in theory does not reduce the overall cost of their claims spend, is then considered a cost burden on the program. Increasing the participation in the program and the completion rate would then reduce the cost burden on the program due to the reduction of "ineffective participants", and therefore produce a larger Allowed Amount PMPY Savings.

Utilizing unadjusted claims data, we can expect the rate of the overall ROI to flatten overtime. The Law of Diminishing Returns will affect the GHIP population in two ways. First, the population that has participated in the program and earned the incentive historically will reach a maximum increase in health status, therefore maximizing their rate of return. Secondly, as more participants switch over from the non-participating status to participating status, it can be assumed that the participating group's overall health status will be diluted until those new participants achieve the health status of those who had historically been participants.

Limitations

The expectation of a ROI within two years of implementation of the Well Wisconsin program with StayWell is outside of the industry standard, which is at minimum three to five years, and is not a fair standard to benchmark against at this time. Prematurely analyzing the data available for ROI can provide the appearance that the program is ineffective. Our suggestion is to begin the process of analyzing the ROI following the completion of the third year of the program, and continue performing that analysis annually through the completion of the fifth year.

No adjustment was made to the Administrative Cost values from StayWell. Most contracts involve incremental price increases year-by-year, which would directly affect the Administrative Cost value. Taking a conservative approach to the calculation of total cost, any increase in Administrative Costs were ignored and left unadjusted.

We warn against the temptation to extract the data from the Cohort Study and apply it to the general GHIP population. The Cohort Study was just that, a cohort, and therefore not representative of the entire population. Taking any data from the Cohort Study and applying it to the general population (i.e. applying the PMPY Savings value and multiplying it by the entire participating GHIP population) would be a fallacy. We instead suggest that this data be interpreted in saying that there is a correlation within the Cohort that can be used as a benchmark for other future studies.

Appendix F: StayWell Impact Model**Change in Estimated Avoidable Cost:
Employees Only**

Health Behavior	Avoidable Health Care Cost	Avoidable Indirect Cost	Total Change All Repeat Participants N = 26,019	Total Change Per Repeat Participant
Stress	(\$370,500)	(\$745,900)	(\$1,116,400)	(\$43)
Alcohol	(\$198,800)	(\$399,400)	(\$598,200)	(\$23)
Exercise	(\$151,900)	(\$307,300)	(\$459,200)	(\$18)
Depression	(\$94,100)	(\$191,700)	(\$285,800)	(\$11)
Back Care	(\$74,300)	(\$152,500)	(\$226,800)	(\$9)
Driving	(\$16,400)	(\$32,500)	(\$48,900)	(\$2)
Tobacco	\$30,600	\$62,400	\$93,000	\$4
Cholesterol*	\$34,600	\$67,100	\$101,700	\$4
Blood Pressure*	\$38,100	\$74,500	\$112,600	\$4
Weight	\$205,000	\$408,400	\$613,400	\$24
TOTAL INCREASE (DECREASE)	(\$597,700)	(\$1,216,900)	(\$1,814,600)	(\$70)

*Past and current data available: cholesterol (74%), blood pressure (89%).

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**Change in Estimated Avoidable Cost:
Phone Coaching Participants**

Health Behavior	Avoidable Health Care Cost	Avoidable Indirect Cost	Total Change All Repeat Participants N = 1,021	Total Change Per Repeat Participant
Exercise	(\$49,500)	(\$78,400)	(\$127,900)	(\$125)
Stress	(\$44,000)	(\$40,900)	(\$84,900)	(\$83)
Depression	(\$42,300)	(\$62,700)	(\$105,000)	(\$103)
Back Care	(\$20,600)	(\$25,500)	(\$46,200)	(\$45)
Weight	(\$20,200)	(\$40,700)	(\$60,900)	(\$60)
Alcohol	(\$11,500)	(\$21,300)	(\$32,800)	(\$32)
Cholesterol*	(\$4,600)	\$800	(\$3,900)	(\$4)
Tobacco	(\$600)	(\$3,200)	(\$3,800)	(\$4)
Driving	\$0	(\$3,400)	(\$3,500)	(\$3)
Blood Pressure	\$9,200	\$18,700	\$27,800	\$27
TOTAL INCREASE (DECREASE)	(\$184,200)	(\$256,800)	(\$440,900)	(\$432)

*Past and current data available: cholesterol (82%).

 **STAYWELL**
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Change in Estimated Avoidable Cost: DM

Health Behavior	Avoidable Health Care Cost	Avoidable Indirect Cost	Total Change All Repeat Participants N = 453	Total Change Per Repeat Participant
Well-Being (Depression)	(\$17,500)	(\$45,800)	(\$63,300)	(\$140)
Exercise	(\$16,400)	(\$26,100)	(\$42,500)	(\$94)
Blood Pressure	(\$6,200)	(\$7,900)	(\$14,200)	(\$31)
Weight	(\$4,900)	(\$7,000)	(\$11,900)	(\$26)
Back Care	(\$2,700)	(\$3,400)	(\$6,100)	(\$13)
Cholesterol *	(\$1,700)	(\$5,800)	(\$7,500)	(\$17)
Smoking	(\$600)	(\$1,100)	(\$1,700)	(\$4)
Driving	\$700	(\$100)	\$500	\$1
Alcohol	\$5,400	\$2,500	\$7,900	\$17
Stress	\$8,000	\$3,100	\$11,100	\$24
TOTAL INCREASE (DECREASE)	(\$36,100)	(\$91,600)	(\$127,700)	(\$282)

*Past and current data available: cholesterol (83%).