

WI-ETF Wellness Program Value on Investment (VOI) Assessment

October, 2025

Summary Findings

In general, participation in an effective wellness program should result in:

- Increased utilization of planned services e.g., preventive care visits
- Decreased utilization of typically unplanned services e.g., ER visits and acute admissions
- Improved compliance to recommended care including preventive screenings and medication adherence
- Slowed progression in the severity of chronic conditions and higher risk categories, requiring increased utilization of healthcare resources

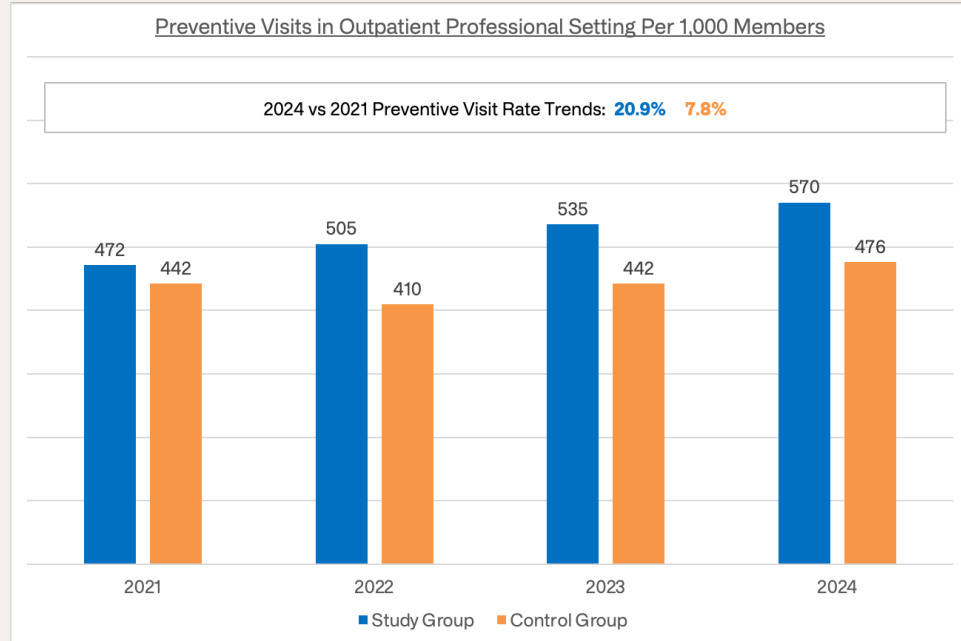
Overall, the VOI assessment shows better engagement by the members of the study group in the baseline year (2021), however, there is no clear pattern to indicate that the intervention of the Wellness program has resulted in improved engagement of the study group when compared to the control group over the intervention period (2022 – 2024).

Preventive Care	Emergency Care and Acute Admissions	Quality Related Measures	Chronic Disease Progression and Risk Category Trends
• The study group has higher preventive visit rates as well as a greater increase (positive trend) between the baseline and measurement year	• The study group has lower ER visit rates than the control group, but the trend is similar for both groups • The study group had a greater rate of acute admissions at baseline but a greater decrease than the control group over the assessment period and a lower utilization rate in the measurement year	• There are no clear differences in trends for quality-related measures between the study and control groups	• For chronic conditions with substantial data, there are no clear indications supporting a beneficial link between the Wellness program intervention and slowed disease progression • As expected, both groups show a general trend towards higher risk categories, however, the trend towards higher risk categories is slightly higher in the study group compared to the control group

Planned Utilization

– Preventive Visits

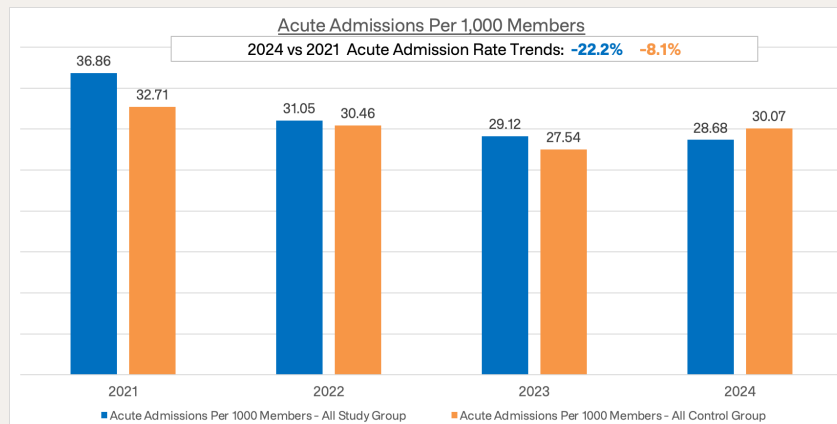
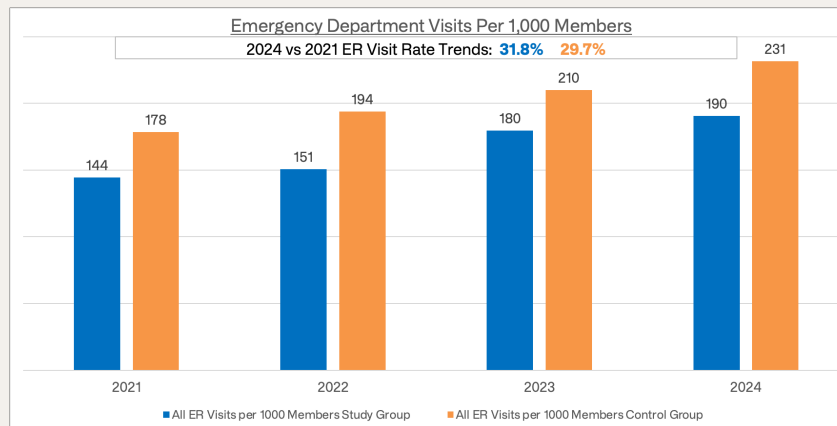
- The study group has higher preventive visit rates as well as a greater increase (positive trend) in visit rates between the baseline and measurement year.



Unplanned Utilization

– ER Visits and Acute Admissions

- Generally higher ER utilization in the control group but comparable trends for both groups
- The higher preventive visit rates in the study group does not appear to have an impact on the utilization rate of emergency services.
- The study group shows a generally higher rate of acute admissions than the control group
- Both the study and control groups show marked negative trends in acute admissions, the reduction is larger for the study group



Quality Measure Trends

- Improvements in quality measures represents better member engagement and better healthcare outcomes over time
- Generally improved (positive trends) for both groups, except for a couple of measures
- There is no clear pattern of results to distinguish the groups, with generally comparable trends for both the study and control groups e.g. slightly better engagement on preventive visits and colon cancer screening for the study group, but slightly better engagement on the diabetes eye exams and adherence to beta blocker medications for the control group

Quality Measure	% Change Average 2024 vs 2021		*Difference In % Changes
	Study Group	Control Group	
Preventive Visits and Immunization (HEDIS measures)			
HEDIS AAP Access Preventive Ambulatory Care Visit	0.5%	-0.2%	0.8%
**HEDIS AIS Adult Immunization Status Influenza	-7.8%	-6.3%	-1.4%
Preventive Screening Rates (HEDIS measures)			
HEDIS BCS Breast Cancer Screening	4.0%	3.3%	0.8%
HEDIS CCS Cervical Cancer Screen	2.7%	0.9%	1.8%
HEDIS COL Colorectal Cancer Screen	25.7%	21.9%	3.8%
HEDIS EED Diabetes Eye Exam	-1.8%	0.5%	-2.3%
Adherence to Prescription Drugs (National Quality Forum (NQF) Endorsed			
PDC BB Beta Blockers (High Blood pressure)	-0.6%	0.7%	-1.3%
PDC RASA Renin Angiotensin System Antagonists (High Blood pressure)	1.1%	2.0%	-0.9%
PDC DR All Class Diabetes	3.1%	0.3%	2.9%
PDC STA Statins (Cholesterol Control	0.9%	1.6%	-0.7%

Disease Stage Transitions - Chronic Conditions

- Wellness programs are generally more effective in supporting members in the lower severity disease stages 0-1 in maintaining or improving their disease stages (prevent progression)
- For chronic conditions with substantial data, there are no clear indications of link between the Wellness program intervention and slowed disease progression.
 - The study group’s disease progression is slightly better for diabetes and hypertension.
 - The control group shows slightly better progression for mental health - anxiety and depression.

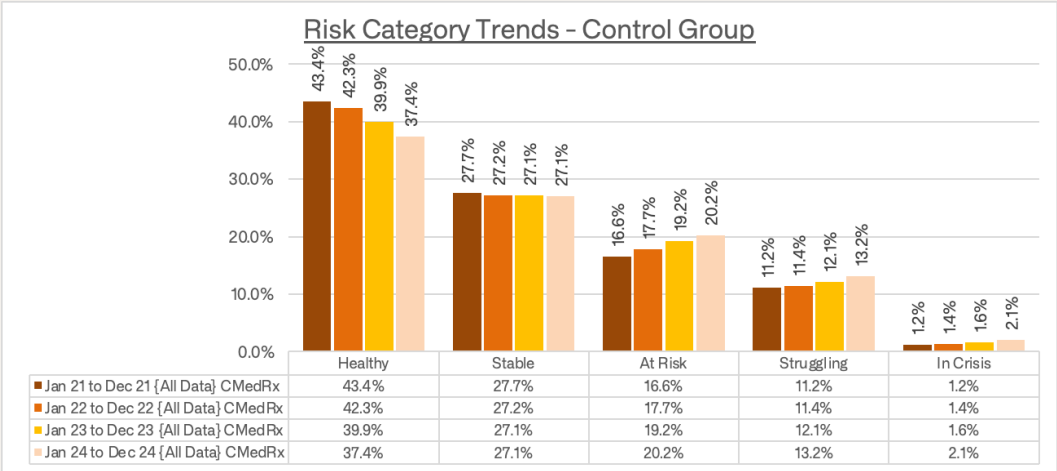
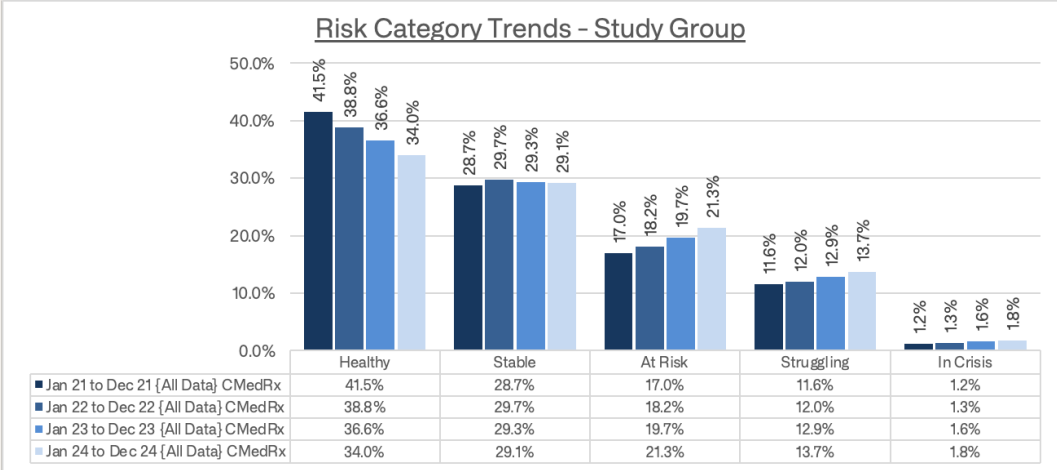
Condition	% Change (2024 vs 2021) in Relative Representation in Stages 0-1		*Difference In Relative Representation in Stages 0-1
	Study Group	Control Group	
Arthropathies/Joint Disorders	0.2%	0.0%	0.2%
Diabetes	-5.9%	-6.3%	0.4%
Hypertension (Essential)	-1.5%	-2.2%	0.7%
Mental Health - Anxiety Disorder	-0.3%	0.0%	-0.3%
Mental Health - Depression	2.8%	3.2%	-0.4%

*The differences may not be exact due to rounding

*Risk Category Trends

- A general trend towards higher risk categories is expected because of the ageing in both groups. This impact should be similar across both groups, however:
- The decline of 7.5% in the Healthy category in the study group is higher than the 6% in the control group
- The stable category remained almost flat in both groups (0.4% vs -0.6%)
- Both groups had increases in the "At Risk" category - the increase of 4.3% in the study group is slightly higher than 3.7% in the control group

* Merative prediction (based on Cotiviti methodology) of healthcare resource consumption



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