

The Cresting Wave of Targeted Employee Wellness:

3 Questions to Ask Your Healthcare Partners When Evaluating New Programs

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I spent years working at a large health benefits consulting firm. My job was to evaluate the latest healthcare offerings from companies big and small—and then tell our vast portfolio of employers which ones were worth their money.

So, I heard a ton of pitches. More than you could imagine. Most were some version of a broad wellness platform that would—somehow—inspire everyone in the company to move more, eat less, and sleep better. When I'd ask how exactly they planned to get employees engaged in the platform, the answer was always—always—the same.

"If you build it, they will come."

Now, I like *Field of Dreams* as much as the next guy. But over time, hearing this line was like nails on a chalkboard. Big and broad wellness programs have been a trend in the market for years. But the time, money and effort it takes to encourage participation, combined with the lackluster results achieved by many of these programs, left us all facing a sobering reality: They're just not working.

Perhaps a better line to describe the current state of wellness programs would be "If you build it, and spend a lot of money to incentivize people to use it, they will come. But they probably won't stay or change their behavior long-term." Not as catchy, but certainly more accurate.

Fortunately, a gradual shift is beginning to take place. Employers are learning from the failures of big and broad wellness and zeroing in on a more *focused* and *effective* approach to health.

That's why I now tell everyone that there are three key questions every employer should ask before bringing on any new health solution.

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QUESTION 1

Am I helping the right people?



There are a number of reasons why the big and broad model made initial sense to so many of us in the employee benefits industry—including me. Building a “culture of health” requires maximum visibility and access, and offering a wellness program that targets all employees broadcasts this message loud and clear.

As organizations, we also want to be equitable. Offering a wellness program to both the healthiest and the sickest employee feels like the right thing to do, and the prospect of addressing employees based on their health risk status is tricky. We never want individuals with poor health to feel stigmatized or targeted rather than aided and supported.

And frankly, we often just don't know where to start. Some employers offer a health assessment and/or biometric screening to create a baseline sense of overall employee health, but nine times out of ten, it pretty much stops there. The assumption is that the data will inspire employees with troubling numbers (say, high blood sugar or blood fats) to do something. It simply doesn't work that way. What's more, the actions those employees need to take are often well beyond the scope of the typical “wellness” program.

The truth is, health needs vary so drastically by person that treating everyone the same limits an organization's ability to positively impact the employees who need intervention the most. Most organizations offer a binary choice: disease management programs for their sickest employees (programs that help people better adhere to medication schedules,

for instance) and wellness programs for everyone else (say, a walking club or incentive program to work out).

But everyone else isn't actually "well". In fact, within your "wellness" population is another group of people that, at [Omada Health](#), we call the [Tipping Point Population](#). These people are in real peril of tipping into chronic disease if they don't change the unhealthy behaviors that are putting them at risk. They have one or more precursor conditions (like prediabetes, dyslipidemia, or hypertension) that have been associated with serious chronic diseases like type 2 diabetes and heart disease, and are typically overweight (or even obese).

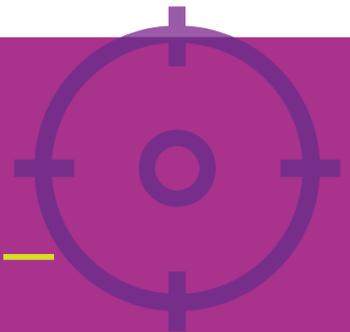
The truth is that healthy people may not be particularly helped by a generic wellness program. It won't hurt, of course, but it often doesn't help, either. On the other side of the spectrum, someone who's already got a serious chronic disease needs treatment from a doctor, and they are well beyond the scope of "wellness".

But most of those in the Tipping Point Population truly *can* be helped. They need a more intensive and personalized experience in order to hit the outcomes that they need (and deserve!) in order to help reduce their risk for developing a serious chronic disease. Intervening at the right moment and in the right way can make a profound difference—both to their health and your bottom line.

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QUESTION 2

Am I achieving a meaningful—and measurable—outcome?



Broad wellness programs can force us to lower standards for success. Ask any wellness vendor how they define "outcomes." You'll be disappointed.

I cannot tell you the number of vendors who tried to convince me that "opening an email" and "outcome" were interchangeable concepts. No wonder: it's very easy to say that "50 percent of employees engage in our wellness programs every month on average." But

it has historically been quite difficult to achieve more meaningful outcomes, like “This program helped my at-risk population reduce their risk by 50%.”

This brings us to our second question: How do we define outcomes?

Here at Omada Health, we know smart technology can make a big difference. Our approach includes a wireless scale directly linked to our intensive digital behavioral counseling platform, so we can monitor how and when participants begin to adopt healthier habits. That includes weighing in daily, tracking their meals and activity (our mobile app tracks steps automatically and tracking meals is as simple as taking a picture), joining minute-by-minute conversations with the group, plus more in-depth interactions with their health coach. It’s only after having this level of deep engagement in the program that we’d expect any meaningful clinical *outcome* (better habits and lasting weight loss), which is our ultimate goal. Engagement on its own, without an associated outcome, is simply not as meaningful.

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QUESTION 3

What exactly am I paying for?



Targeting the right people and setting a high bar for engagement are critical, but there is one more question worth asking: What exactly am I paying for?

Employers should challenge vendors who charge on a “per employee, per month” basis (and almost all of them do). More and more doctors are moving from fee-for-service (pay for the visit) to performance-based payment (pay for health outcomes). Shouldn’t the health-related partners that you choose to work with your employees be doing the same?

In our case, most of our fees are based on outcomes. In other words, most of what you’ll pay is billed if and when Tipping Point employees are inspired to join the program, adopt better long-term habits, and lose weight (thereby helping to lower their risk for type 2 diabetes and heart disease). If they regain some of the weight they lost (meaning, the habit didn’t stick), the cost goes down.

This is an exciting time in health care. We finally have the opportunity and tools to provide effective solutions to problems that cause needless suffering, shorten lives, and add billions of dollars in cost to our health care system. Employers must insist that vendors—and their solutions—hold themselves to the highest standards. Once that happens, there's the opportunity for all to join a healthcare revolution focused on prevention and driven by programs that deliver measurable outcomes.

And, personally, I'm looking forward to enjoying *Field of Dreams* again.

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- Outcomes-based payment billed through medical claims
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