

SQUEEZING PERFORMANCE OUT OF DISEASE & WELLNESS PROGRAMS

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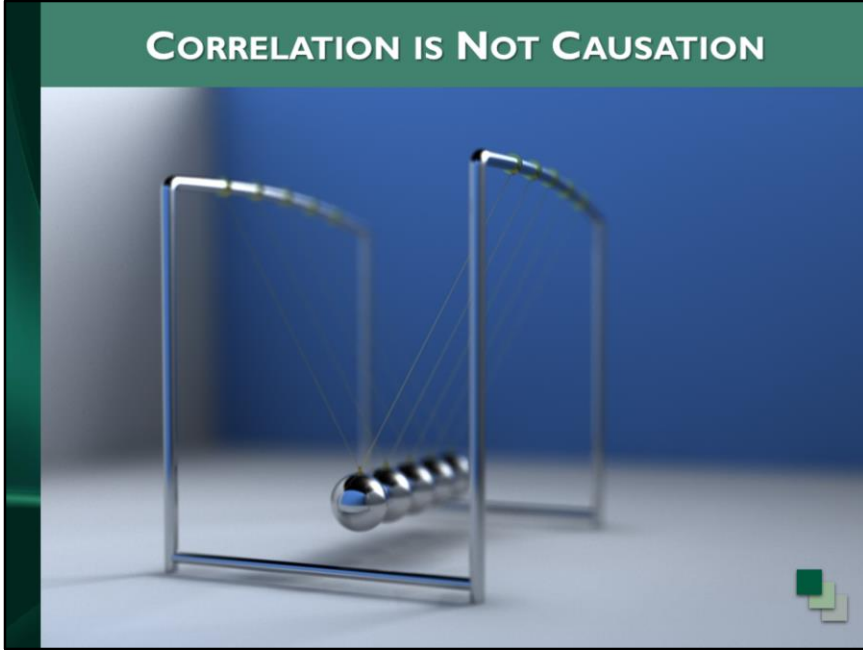
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- What ROI criteria can be used?
 - Weight loss
 - Reduction of disease risk factors
 - Sick days
 - Completed work
 - Organizational profits
 - Customer Satisfaction
 - Individualized Outcome Criteria are ideal and difficult to track on the micro level

CORRELATION IS NOT CAUSATION



- Can never know if your program “caused” these changes.
- Confounding factors
 - What did you target in your program?
 - Did you focus on the biggest leverage point?
 - What was the base rate to begin with?
 - Other factors such as
 - Time
 - History
 - Sample



Rand Corporation Report: \$1.50 for Every \$1.00 Spent

KEY VARIABLES FOR WELLNESS:

Biggest Bang

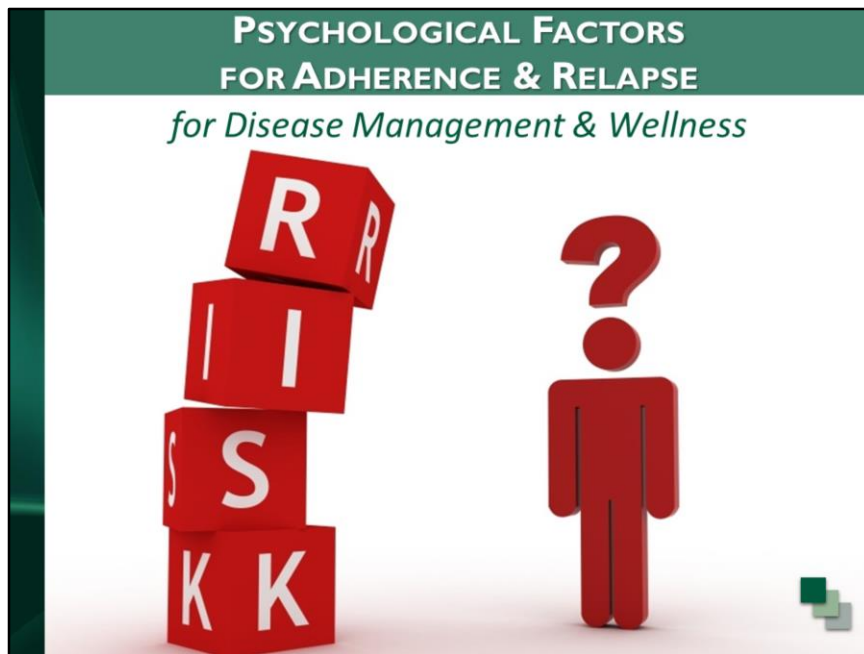


- Sleep
- Nutrition and Weight
- Tobacco

- Are Disease Management Programs considered Wellness or should they be evaluated separately?



- Culture: Companies that earned top scores on employee health and wellness score cards out performed the 500 largest U.S. companies in the S&P index by 235% over the next six years.
- Modeling: What does leadership do to model wellness behavior?
- Social Networks: "Your friends' friends, make you fat"
- Employee Engagement
- Employee Energy
- Employee Perceptions and Psychology Related to Wellness



- What are the psychological factors related to adherence (sticking with a program)?
 - Anticipating factors that enhance the maintenance stage of a habit change process. Behavioral skill training, cognitive interventions and lifestyle change procedures.
- What are the psychological factors related to non-adherence or relapse?
 - Motivation to change
 - Perceived Control (Self-Efficacy)
 - High Risk Situations
 - Negative Emotional States
 - Interpersonal Conflict
 - Social Pressure
 - Positive Outcome Expectations related to the immediate moment (Cookies taste great!) vs Long term Consequences

BEHAVIORAL ECONOMICS & INCENTIVES

Also Known as How to Punish with Rewards



- People would rather not lose than win. People do not make rational economic decisions.
- People who are consistently versus intermittently rewarded (think slot machines in Las Vegas) do not maintain the behavior when the reward is withdrawn.
- If people have too many choices, they don't do anything (overwhelmed). Keep your plans simple in language. People chose the default option when overwhelmed.
- People under estimate risk or the cost of risk. (We are all above average drivers).
- Thinking Fast/ Thinking Slow: People don't like to think complexly, its hard work. Instead of % differences on out of network costs, show them dollar amounts.



- Mental Health Parity Act or (in dark corners of the universe) otherwise known as the Therapist Relief Act.
- Consequences: Can no longer manage the continuum of care from Intensive Outpatient through Outpatient, thus continuity of care is compromised from Inpatient, Partial and Residential.
- Consequence: Costs are going up as therapists treat conservatively.
- Consequence: Out of network facilities have started charging predatory rates for substance use and alcohol treatment (\$2,000 to \$3,000.00 for a \$15-\$45 drug panel, daily) while the patient is locked up.

MENTAL HEALTH DISEASE MANAGEMENT



- What would it take to put a Disease Management program in place for substance abuse, alcoholism, and mental health key diagnoses?
- Do you have them in place for medical conditions such as diabetes?

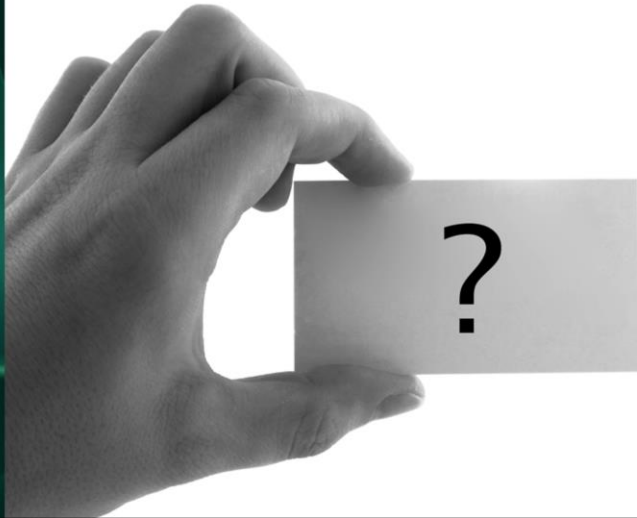
EMPLOYEE ASSISTANCE PROGRAMS & WELLNESS

Essential Integration Factors



- Assumption: Psychological factors play a significant role in adherence to wellness programs and overall self-care.
- How can you integrate the EAP into your wellness programs to give an additional set of resources for adherence and relapse issues, health coaching and compliance?

QUESTIONS OR COMMENTS?



THANK YOU!!!



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