



Lower Healthcare Costs with Health Risk Assessments

The escalation of health care costs is not new; for decades, industry veterans and the person on the street have debated about the best ways to deal with it. Through the years, a variety of approaches have been used to try and ward off those double-digit increases. Some years it works, other years...not so much. Flipping back through the "ideas we tried" file brings up some hazy memories of HMOs, disease management and treatment in exotic locales, all of which have their strong points and *could* have been the answer.

One constant in this debate is the importance of overall wellness. Staying healthy means staying away from the health care system—a certain way to save on costs. But how to get employees to grapple with their own health situation can be a challenge. One way to address it is through the use of self-reported information via Health Risk Assessments, or HRAs.

Generation 1 HRAs: A Good Beginning

The HRA has been around for some time. Dr. Victor J. Strecher of Wellness & Prevention, Inc., a Johnson & Johnson company providing web-based digital health coaching solutions, says they got their start back in the 1970s. These Generation 1 HRAs, as he and his colleague Dr. Kevin Wildenhaus call them, were little more than a fill-in-the-blank worksheet of demographic and health information.

Many times, these Gen 1 HRAs would result in a statement of general advice, something along the lines of 'Bring your weight to desirable range.' "Everyone knows they should bring their weight into the desirable range," Strecher says. "These Gen 1 HRAs don't tell people things they don't already know. They are over-simplified. The feedback isn't helpful; it doesn't tell you *how* to do things or motivate you."

Another common part of the Gen 1 HRAs was an enthusiastic statement about adding a specific number of days to the employee's life. It might say that making a change (ie, quitting smoking, losing 10 pounds) would add, for example, 22 days to their life. Some variations included an estimate of the respondent's age based on their answers. "These tactics can have the opposite effect than the one they intended," Strecher says. "People think, Wow! What a great deal. I can eat anything I want and only lose 22 days of life!"

Gen 2: Increased Understanding of Technology, Human Behavior

In the 1990s, HRAs became more sophisticated as technology and understanding of behavioral science improved. Motivational questions were added to the Generation 2 HRAs. Along with self-reporting, these new HRAs allowed health data to be imported, and to be shared with the patient's medical professionals. The focus moved from a one-dimensional form to a two-way conversation, complete with extremely customized information and suggestions.

Gen 2 HRAs don't estimate the person's functional age, Strecher says. "Those results are just too simplistic and inaccurate," he says. Now, along with questions about height, weight and cholesterol level, these interactive HRAs question the patient's motivation to change, as well as their level of confidence that they have the ability to change. "Gen 2 HRAs provide a plan. They have many ways of communicating with you, not just one. In fact, they use very tailored messaging which is much more effective at creating change."

Don't Back Away From the Results

In discussing how these more interactive HRAs can improve the overall health of employees, Wildenhaus says they create better connections with employees. That alone is a great step toward better health, because if you understand the specific issues, you can work toward resolving them on an individual level. Things improve on a corporate level, too. "This interactive approach can be used to better understand your population, and used to drive a culture of health," he says.

He mentions one particular hospital that used Gen 2 HRAs with their employees. "When we sat down with them to look at what we found from their population," Wildenhaus says, "they were humbled to see that their employees were reporting some troublesome symptoms. They reported drinking more alcohol than is recommended, including binge drinking episodes; high levels of stress; and high levels of depression. Historically, organizations like this would be concerned about the data, but there would be no communication plan to share that back with the employees. And if they did discuss it with employees, it would probably be in a pejorative way.

"What the hospital system decided to do was to put this issue front and center on their newsletter, and to address the problem head on," Wildenhaus continues. "In fact, within the first paragraph of the article, they actually addressed it at the individual level, rather than the organizational level, by using 'you' statements—'You are not alone if you feel stress'—and similar statements." By using this empathetic approach, employees could feel that their employer truly cares about their health and well-being, and the hospital created a sense of teamwork, that we are in this together.

The campaign talked with employees about the reasons they got into health care in the first place, their purpose, their productivity, and all the other things employees value. They stressed that, by improving their own health, they could improve patient care, the overall success of the business, and their own job satisfaction, Wildenhaus says. "I think this is a tremendous example of a progressive hospital taking information at the population level, and doing something very powerful and effective with it to help improve the culture of the organization as well as to address problem behavioral health areas.

“We know that as the number of health risks increase, from low, to medium, to high, average medical costs rise exponentially,” Wildenhaus says. “But what many of you may not know is you see that same pattern even more strikingly in the relationship between health risk and productivity loss. So for those reasons it’s important to identify where the risks are, and then to provide interventions or solutions to engage members in changing those behaviors and getting those risks under control.”

What’s next? Gen 3 HRAs

And that’s where the future of HRAs is headed, says Strecher. He explains that, in order to make a change, an individual needs to have an “Aha!” moment—that moment when he or she takes ownership over the problem and the solution. Without it, most of us will continue as we are, aware that we need to do something, but not fully appreciating the value of doing it.

“Gen 1 HRAs didn’t achieve 'Aha!' moments,” Strecher says. “And that’s the goal of the next generation, the Gen 3 HRAs.” They are starting to develop and use them now, and expect to do so into the foreseeable future. These will include motivational interviewing, Strecher says, and will be focused on employees as individuals. “They focus on our own personal mission in life, on our values, and then link those to our behaviors.”

We’ve come a long way from the one-page HRAs of the 1970s, changing and enhancing them as our understanding of health and behavior has evolved.