Align Efforts

• Set high level **team** goals
  • Manager meetings
  • Staff Meetings
  • Dashboard & Metrics
  • Align discipline specific goals

• Examples
  • “Reduce prevalence of employees with high lifestyle risk by x”
  • “Reduce lost time days by y”
  • Each discipline develops tactics for the overall goals
Partners in Health, Environment, Wellness, & Safety

- PHEWS – reconfigured the safety committee to integrate health promotion, work environment, occupational medicine, and safety activities

- Included front line staff from high occupational risk departments with content experts and management

- Integrated team intervention (SWAT) may include:
  - Ergonomic and other safety measures
  - Supervisor training
  - Behavioral health
  - Team/resiliency building
  - Chaplaincy
  - Lifestyle coaching
  - Environmental changes to better support personal health, such as healthier food options, staffing, scheduling

Dartmouth-Hitchcock
The EROI (Electronic Report of Injury)

- Web-based, intranet
- Available throughout system and offsite through VPN
- Completed by ee or supervisor
- Instant, auto e-mail alert to all employer stakeholders (occ med, safety, HR, workability, etc)

Prevent Slips/Trips/Falls

- Changing demographics
  - 1,311 employees > 60
  - 74 > 70
  - 4 > 80
- Increased risk of fall (and complicating co-morbidities)
- Evidence based fall prevention program in collaboration with our Center for Aging
Manage at Work

Do you experience discomfort and fatigue at work due to a chronic medical condition?

VOLUNTEER WORKERS ARE NEEDED for a new research study of coping strategies at work (Project “Manage at Work”)

If you are a full-time worker (> 20 hours per week) experiencing chronic or recurrent physical health symptoms (>6 months), you may be eligible to participate in a randomized trial of a new group program designed to help with workplace function and coping.

Participation may involve:
• Group workshops (at lunchtime, before or after shifts)
• Three survey assessments (total $150 payment)

For more information about the study, call [xxxx] in the employee wellness office at [xxxxxx]

Health At Work and Life

• Identification and invitation of employee with ≥ 4 reports of injury in last 5 years and ≥ $10,000 WC costs
• Invite participation in a semi-structured 12 week program to optimize lifestyle and medical management of chronic conditions

Dartmouth-Hitchcock
Intervene With High Risk Departments

DH Incident Rates by Departments, 4/2013-3/2014

- Team A, 109.5
- Team B, 78.0
- Team C, 56.3
- Team D, 52.1
- Team E, 50.3
- Team F, 42.3
- Team G, 42.4
- Team H, 51.2
- Team I, 51.3
- Team J, 37.3

Data
Average
2SD limits
3SD limits

Rate per 100 FTEs per Year
FTEs

Average 21.4
Engage Employees – The Number One Challenge

0% 20% 40% 60% 80% 100%

- Lack of employee engagement 58%
- Lack of sufficient financial incentives to encourage participation in programs 31%
- Lack of adequate budget to support effective health management programs 30%
- Too many other demands on employees 23%
- Lack of evidence about which practices work best 19%
- Lack of appropriate tools to be successful 19%
- Lack of actionable data 18%
- Lack of senior management support 17%
- Lack of organizational structure to support it 17%
- Not enough time on the part of employees 17%
- Poor or inadequate communication of health management programs 15%

Source: Towers Watson NBGH 2010 Survey
Health Improvement and Employee Wellness

Wellness 2016

This year’s campaign is designed to be fun, engaging and self-motivating. We have created opportunities to pursue personal well-being by participating in programs all year long. The programs are designed to encourage healthy eating, pleasurable movement and improved well-being. Professional health coaching is available.

New Feature Programs:

- Go for Gold
- ManageWell – New Employee Wellness Portal
- 2016 Health Challenges
- Tip of the Week
- MindStrength - Mindfulness Training
- Health Coaching
- Health and Wellness Classes
- 8 Weeks to a New You (PDF)
- DHMC EAP Online Presentations
- Wellness Ambassadors
- Opportunity to participate in study: Depression and Obesity in Women

Related pages

Dartmouth-Hitchcock
Lifestyle and Behavioral Health Support

Employee Assistance PROGRAMS (EAP)

INTRODUCTION TO MINDFULNESS
LED BY: SUE SONG, PHD
TUESDAY, JULY 8: DMS 1 EAST/WEST
THURSDAY, AUG. 7: WEBEX ONLY
Take time out of your stressful day to rejuvenate with some mindfulness exercises! In this workshop, we will explore a sampling of different types of mindfulness activities to help you learn ways to relax your mind and body. The focus of this class will be to experience mindfulness as opposed to talking about it.

MANAGING WORRY AND STRESS
LED BY: STEVE COLE, PHD
FRIDAY, JULY 18: WEBEX ONLY
MONDAY, AUG. 4: LEVEL 2B CONFERENCE ROOM
Do you feel like your worries and stress are getting the best of you? Feel so stressed you’re not sure if you’re coming or going? You’re not alone! Attend this brief lunchtime session to learn:
- The distinctions between “useful” vs. non-productive worries
- Strategies for containing worries
- Strategies to slow your heart rate and thoughts

DE-STRESSING FAMILY LIFE: DAY-TO-DAY STRATEGIES
LED BY: SHIRI MACRI, MA, LCMHC
MONDAY, JULY 21: LEVEL 2B CONFERENCE ROOM
MONDAY, AUG. 11: WEBEX ONLY
After a long day of work, many of us grapple with managing the day-to-day demands of family life—homework, sports, dinner...and what about family time? In this workshop we will discuss how creating a household structure and family routines for children of all ages can encourage positive behaviors, help decrease stress and increase quality family time. Participants will learn practical tools for use within their own families.

BALANCING, OR JUGGLING ACT?
LED BY: SUE SONG, PHD
THURSDAY, JULY 31: WEBEX ONLY
MONDAY, AUG. 18: CONFERENCE ROOM 4H
Most of us struggle to find time in the day to accomplish all of our “to-do’s,” with nine or more hours often focused around work. In this workshop, we will discuss practical strategies to balance the competing demands of work and personal life, and brainstorm creative approaches for transforming our mindset about work and life expectations.

Behavioral Health Support
Behavioral Health Specialist Team
DH Employee Assistance Program System-Wide
KGA Employee Assistance Program

Dartmouth-Hitchcock
D-H OEM as a Patient Centered Specialty Practice

• Coordination of care between primary care and occupational medicine
  • Improve quality and patient experience
  • Reduce waste
  • Create synergies using primary care and employer resources
  • Address work/health issues

• D-H OEM clinic steps up as 1 of 2 early adopters in the nation and receives highest level (Level 3) of NCQA recognition
Engage with Primary Care

A new primary care option for Dartmouth-Hitchcock Employees and their adult dependents

Dartmouth-Hitchcock
In-House Care Coordination

- Care Coordination of D-H health plan members
  - Work on behalf of our self-insured health plan
  - Embedded in LWWW and D-H Primary Care
  - Offer services to employees/dependents in non-D-H practices
  - Target High Risk patients based on Predictive Analytics
Value Based Insurance Design

- Benefit design has a powerful effect on health and illness behavior
- High deductible plans depress ALL utilization
- VBID reduces financial barriers for managing chronic disease
- Offer free medications for health plan members with hypertension and diabetes in return for participation in pharmacy counselling and disease management
- 1.6 ROI

Dartmouth-Hitchcock

myBenefits

Your Benefits, Your Choices
Choose well and be well in 2015

Dartmouth-Hitchcock

Maeng JOEM 2013
Wellness Engagement Tools - ImagineCare

ImagineCare is a highly coordinated digital care solution which augments current care teams and increases employee and patient engagement to improve health outcomes and lower costs.

ImagineCare…
• is a mobile health app & digital health delivery service
• is designed and built by Dartmouth-Hitchcock Health (academic research medical center)
• offers specific sensors and dynamic care pathways combined to deliver right time interventions
• supports patients and employees through a 24/7 nurse-led digital health center (coaching/triage)
• smart advanced analytics customizes more proactive automated & human interventions

ImagineCare…
• reduces brick & mortar utilization
• provides access to multiple reimbursement codes
• increases engagement
• improves real time data access for health systems, payers, and employers
• creates new data sets to more quickly update evidence, customize care, and individualize medicine

ImagineCare’s mission is to empower everyone to live a healthier life.
ImagineCare offers:

- Latest sensors that do more than just measure steps
- Seamless set-up from app to sensor to live care
- Support for:
  - Nutrition
  - Activity
  - Sleep
  - Mood, Stress, Depression
  - Engagement
  - COPD
  - CHF
  - Diabetes
  - Hypertension
- More pathways being added each month…
ImagineCare Dartmouth Hitchcock
Work Culture Affects Participation in Employer Sponsored Health Promotion

- Participation highly correlated with attributes of workgroup culture
  - Job satisfaction
  - Perception of job safety
  - Local leadership cares about me
  - Able to express grievance

McLellan et al. Impact of workplace sociocultural attributes on participation in health risk assessments. JOEM 2009
Measure the Impact: An Integrated Value Chain Approach

- Work Environment
- Program delivery/Utilization
  - Program components
  - Participation in assessments
  - Engagement in programs
  - Participant experience
- Health and well-being
  - Job engagement
  - Health culture index
  - Readiness to change
  - Lifestyle risk
Measure the Impact:
An Integrated Value Chain Approach

- Occupational health
  - eROI
  - OSHA rates
  - WC claim rates
- Personal clinical outcomes
  - Biometrics
  - Quality of care
  - Disease burden
- Business outcomes
  - PMPM health claims cost trends
  - Lost productivity
  - Return on investment vs cost effectiveness/utility analysis

Dartmouth-Hitchcock
Outcomes of Dartmouth-Hitchcock’s Live Well/Work Well Program

• 85% of employees rate D-H as very good or excellent in supporting their occupational health and safety.
• Initiating the workability program led to an 85% decrease in days lost due to work-related injuries.
• The Worker’s Compensation Experience Modification Rate (0.56) is almost half that of similar health care organizations.
• Year over year, employees engaged with health promotion activities have decreased their life style risks and cost of health care.
Assess Health and Safety and Integrate Data

- Relevant data streams
  - Hazard identification
  - Safety metrics
  - Workers Comp
  - Group health claims
  - HRA
  - Biometrics
  - Short and Long Term Disability
  - Engagement
- Analyze data
  - Segment population by risk
  - Group level correlations of data streams
    - Safety : Health Risk : Engagement
  - Case registries by health plan

D-H Workforce Integrated Health Metrics - Example

<table>
<thead>
<tr>
<th>Wellness Category</th>
<th>Wellness Metrics</th>
<th>D-H Value</th>
<th>Target</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
<td>Health PMPM</td>
<td>5455.49</td>
<td>5456.53</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SF1 average</td>
<td>75.70%</td>
<td>74.50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lifestyle Score</td>
<td>82%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HRA participation</td>
<td>62%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% under 6 lifestyle risk</td>
<td>20%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% Extremely Obese ≥ 40 BMI</td>
<td>3.14%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obese: 30 ≤ BMI &lt; 40</td>
<td>23.30%</td>
<td>22.50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% days lost to illness (Presenteeism)</td>
<td>8.99%</td>
<td>9.00%</td>
<td></td>
</tr>
<tr>
<td>Health Protection</td>
<td>LT/frequency %</td>
<td>11%</td>
<td>&lt;25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Return to work</td>
<td>19%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OSHA DPI rate</td>
<td>2.27</td>
<td>&lt;3.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OSHA Incident Rate</td>
<td>3.82</td>
<td>&lt;4.0</td>
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</tr>
<tr>
<td>Engagement</td>
<td>Culture of Health: Sr Leaders interested in wellbeing of employees (total favorable)</td>
<td>32%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Culture of Health: Adequate measures to ensure ee safety at my location (total agree)</td>
<td>0%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Culture of Health: Leadership committed to supporting my health (total favorable)</td>
<td>60%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Care Management</td>
<td>Care Gap Closure - Diabetes Mellitus - Patient(s) 18-75 years of age</td>
<td>80.70%</td>
<td>93.50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care Gap Closure - Diabetes Mellitus - Patient(s) 18-75 years of age with a LDL cholesterol ≥ 120</td>
<td>81.40%</td>
<td>83.80%</td>
<td></td>
</tr>
</tbody>
</table>
### D-H Employees Rate Health and Safety Most Favorably

<table>
<thead>
<tr>
<th>Category</th>
<th>Favorable Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety</td>
<td>85</td>
</tr>
<tr>
<td>Patients/Customers</td>
<td>78</td>
</tr>
<tr>
<td>Sustainable Engagement</td>
<td>77</td>
</tr>
<tr>
<td>Image</td>
<td>74</td>
</tr>
<tr>
<td>Performance Evaluation</td>
<td>73</td>
</tr>
<tr>
<td>Supervision</td>
<td>73</td>
</tr>
<tr>
<td>Training &amp; Compliance</td>
<td>73</td>
</tr>
<tr>
<td>Empowerment</td>
<td>72</td>
</tr>
<tr>
<td>Working Environment</td>
<td>64</td>
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<tr>
<td>Communication</td>
<td>56</td>
</tr>
<tr>
<td>Organizational Change</td>
<td>55</td>
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<tr>
<td>Operating Efficiency</td>
<td>53</td>
</tr>
<tr>
<td>Rewards</td>
<td>53</td>
</tr>
<tr>
<td>Professional Development</td>
<td>51</td>
</tr>
<tr>
<td>Leadership</td>
<td>49</td>
</tr>
</tbody>
</table>
Engaged Employees Reduce Their Risk & Increase Lifestyle Scores

Changes from T1 (2012) to T2 (2013) (N= 2863)

- 0-3 Risks: 87.8%, 12.2%
- 4-6 Risks: 42.3%, 57.6%
- 7+ Risks: 40.0%, 40.0%

Dartmouth-Hitchcock
Health Claims PMPM
Decline with Decreasing Lifestyle Risk
Culture of Health: Percent of Workforce With Favorable Opinions

- 85%
  - D-H is very good or excellent in supporting my occupational health and safety
- 61%
  - Leadership at all levels is committed to supporting my health
- 49%
  - Senior leaders interested in well-being of employees
Summary

- The work environment affects both occupational and personal health risks
- Personal and occupational health are interrelated
- Engaging workers in healthier behaviors is challenging
- Traditionally, employer based health promotion and occupational health care systems operate in parallel

Dartmouth-Hitchcock

Health Protection

Health Promotion

Organizational programs, policies and practices

Eliminate workplace physical, biological, and psychosocial hazards and risks

Provide resources for maintaining and optimizing a safe, healthy and productive workforce both on and off the job

Promote Healthy Behaviors
Summary

• Evidence mounting that integrating these programs improves occupational and group health outcomes

• D-H model of Integration
  • Uses all available population health levers to improve health and safety and reduce cost
  • Integrates health protection and promotion at the individual and population level
  • Targets highest occupational and personal risk populations
  • Integrates employer based resources with primary care
  • Uses value based insurance design
  • Building alignment of all leaders and employees with culture of health