

Introducing a Proven Method to Bend the Healthcare Cost Trend and Create a Competitive Advantage for Our Coalitions and Members



Today's Speakers & Agenda



Ray Fabius, MD
Co-Founder / President
HealthNEXT



George Pokrant, RN, MBA
Medical Management
Butler Health



J. Brent Pawlecki, MD
Chief Health Officer
Goodyear



Joe Checkley
Employee Benefits Exec
National Alliance

2:00 PM EDT: Welcome

2:05 PM: Building a Corporate Culture of Health & Wellbeing – Featuring the HealthNEXT methodology

2:20 PM: The Butler Health Experience

2:30 PM: Goodyear: A Journey toward Benchmark

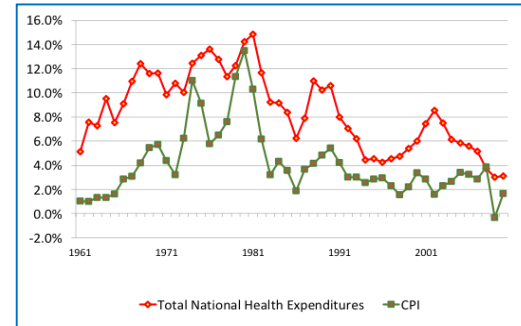
2:40 PM: National Alliance of Healthcare Purchaser Coalitions Perspective

2:45 PM: Closing statements with Q&A Session

Macro Trends

That Drive Our Focus

- **Chronic Medical Cost Inflation**
 - 50+ years of cost increases 2-3X the CPI
 - Compromising American Business Competitiveness
- **Present Approach Continues to Fail Us**
 - Tsunami of unhealthy lifestyles and chronic illness will only make it worse
 - Government too factionalized to help employers
 - Benefit design has proven not to be the solution – HMO, PPO, POS, HDHP
 - Cost shift has reached its max
- **Greater understanding and application of population health, wellbeing & its impact on workforce performance and productivity**
- **Appreciation for what it takes to build sustainable, advantaged cultures inside an organization**
 - Process Optimization Cultures (GE, Toyota, etc.)
 - Cultures of Safety (Alcoa, Chevron, Goodyear, etc.)
 - Cultures of Health & Wellbeing (J&J, Dow, Lincoln Industries, etc)
- **Identification / research of organizations who have bent the cost curve by creating self-sustaining cultures of health**



Bloomberg HealthNEXT

The U.S. health-care system remains among the least-efficient in the world.

America was 50th out of 55 countries, according to a Bloomberg index that assesses life expectancy, health-care spending per capita and relative spending as a share of gross domestic product.

Expenditures averaged \$9,403 per person, about 17.1 percent of GDP — and life expectancy was 78.9.

Only Jordan, Colombia, Azerbaijan, Brazil and Russia ranked lower.

The U.S. has lagged near the bottom of the Bloomberg Health-Care Efficiency Index since it was created in 2012.

The U.S. system “tends to be more fragmented, less organized and coordinated, and that’s likely to lead to inefficiency,” said Paul Ginsburg, a professor at the University of Southern California and director of the Center for Health Policy at the Brookings Institution in Washington.

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The New York Times HealthNEXT

Forget Taxes, Warren Buffett Says. The Real Problem Is Health Care.

MAY 8, 2017

OMAHA — “The tax system is not crippling our business around the world.”

“Our bloated health care system, is the true barrier to America’s world competitiveness as well as the single biggest variable where we keep getting more and more out of whack with the rest of the world.”

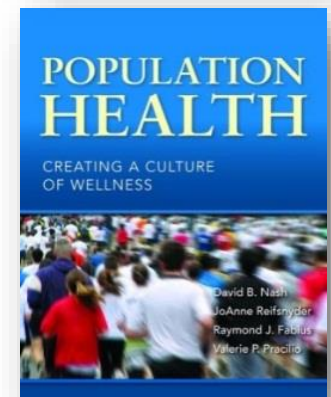
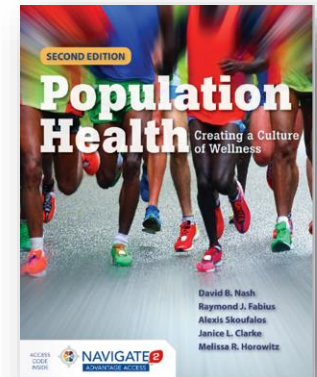
“If you go back to 1960 or thereabouts, corporate taxes were about 4 percent of G.D.P and now, they’re about 2 percent of G.D.P.”

“About 50 years ago, health care was 5 percent of G.D.P., and now it’s about 17 percent.”

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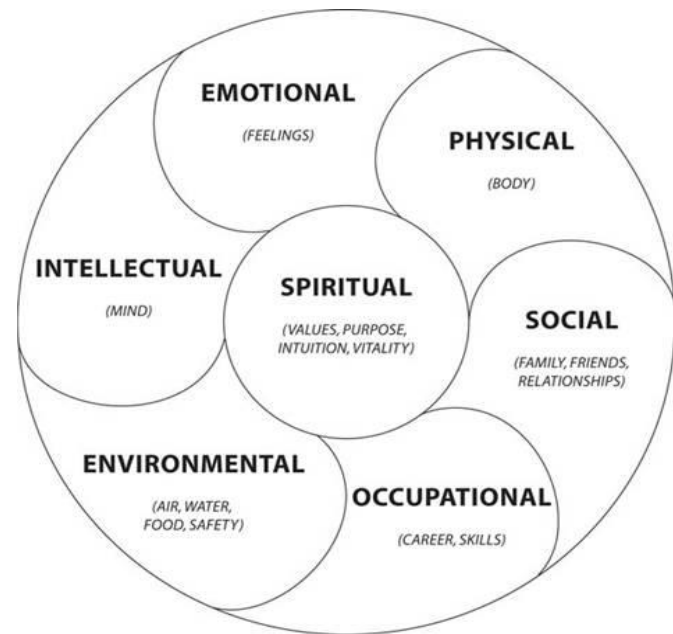
What is Population Health Management ? *Managing Care Across the Continuum*



Health & Wellbeing

Remarkably Influenced by Your Work

- Education & Training
- Occupational Risks
- Employment
- Income
- Advancement
- Sense of Purpose
- Social Influences



Building A Culture Of Health

On The Success Of The “Culture Of Safety” Movement



Culture of Safety

- ☐ Everyone is accountable →
- ☐ Trending injuries →
- ☒ Tracking near misses →
- ☐ Implement MSE →
- ☐ Eliminate all disability →



Culture of Health

- ☐ Everyone is accountable
- ☐ Trending ill health
- ☒ Tracking health risks
- ☐ Implement screenings
- ☐ Eliminating all disability

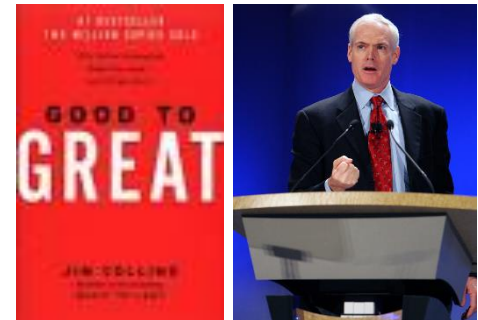
OUR RESEARCH BEGINS HERE

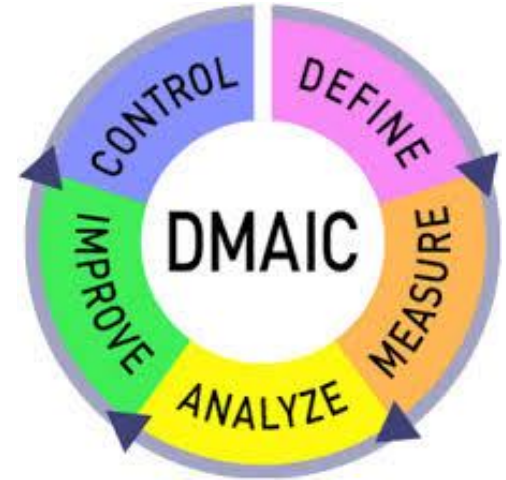
Six Sigma Teaches Us to Ask These 3 Questions

1. Is there any place or any organization who has solved the problem you are faced with?
2. If so, can you go there and study what they are doing to solve the problem?
3. By studying what they are doing can a methodology be developed to help others with the same problem?



*Taking a page from
Jim Collins*





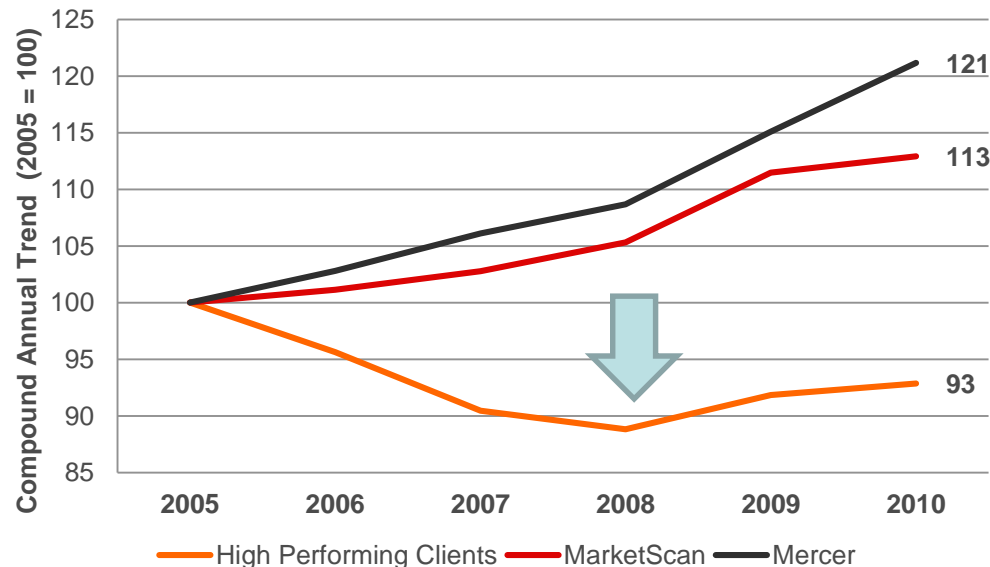
How We Apply Six Sigma in Workforce Wellness

1. **DEFINE** ➡ BENCHMARK THRESHOLDS
2. **MEASURE** ➡ GAPS FROM BENCHMARK
3. **ANALYZE** ➡ ESTABLISH MULTI-YEAR PLAN
4. **IMPROVE** ➡ INSTALL EFFECTIVE SOLUTIONS
5. **CONTROL** ➡ TRACK & TROUBLESHOOT PROGRESS

Market and Best Practice Research

A Few Benchmark Employers' Healthcare Costs Are Declining

**High Performer Net Cost Trends 2005 - 2010
Adjusted For Consumer Price Index (CPI-U)
Inflation**



2010 Mercer National Survey

A comprehensive survey of 2,836 US employers. Reflecting the average reported healthcare trend rates across group size, geographic region and industry type.

MarketScan™

A group of over 50 employers with 5 million members covered in self funded plans that contributed to MarketScan continuously since 2005.

Truven High Performer Clients

Eight employers, with self funded plans, spanning multiple industries consistently outperformed net pay trend rates for the broader 53 client group each year and cumulatively

We Then Forensically Studied The Organizations Who Succeeded

WELLNESS

By Rachel M. Henke, Ron Z. Goetzel, Janice McHugh, and Fik Isaac

DOI: 10.1377/hlthaff.2010.0806
HEALTH AFFAIRS 30,
NO. 3 (2011): 490-499
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The People-to-People Health
Foundation, Inc.

Recent Experience In Health Promotion At Johnson & Johnson: Lower Health Spending, Strong Return On Investment

Rachel M. Henke (rachel.henke@thomsonreuters.com) is a senior research leader at Thomson Reuters, in Cambridge, Massachusetts.

Ron Z. Goetzel is vice president of consulting and applied research at Thomson Reuters, in Washington, D.C. He also directs the Institute for Health and Productivity Studies at Emory University, in Atlanta, Georgia.

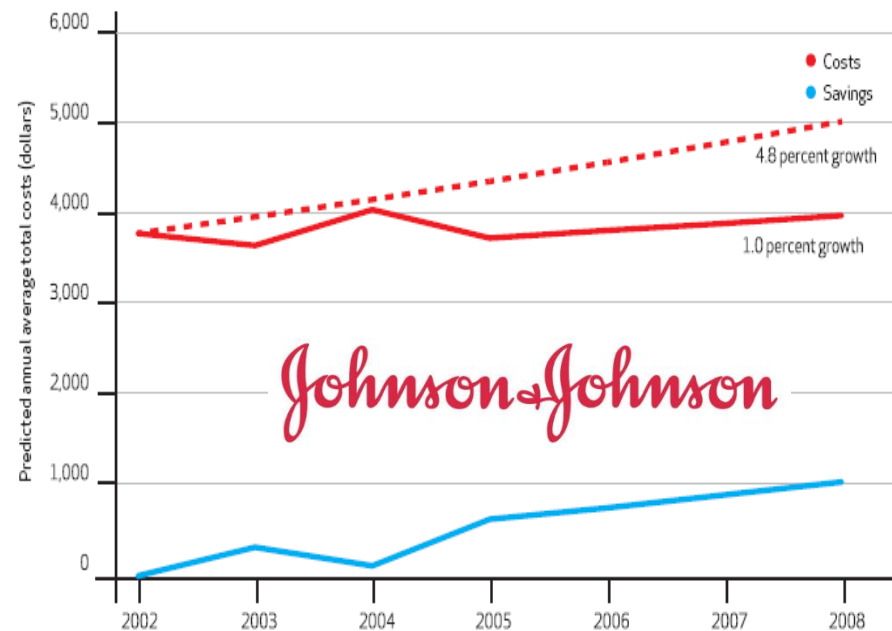
Janice McHugh is manager of integrated health services at Johnson & Johnson, in New Brunswick, New Jersey.

Fik Isaac is executive director of global health services at Johnson & Johnson and chief medical officer, Wellness & Prevention, Inc.—Johnson & Johnson.

ABSTRACT Johnson & Johnson Family of Companies introduced its worksite health promotion program in 1979. The program evolved and is still in place after more than thirty years. We evaluated the program's effect on employees' health risks and health care costs for the period 2002–08. Measured against similar large companies, Johnson & Johnson experienced average annual growth in total medical spending that was 3.7 percentage points lower. Company employees benefited from meaningful reductions in rates of obesity, high blood pressure, high cholesterol, tobacco use, physical inactivity, and poor nutrition. Average annual per employee savings were \$565 in 2009 dollars, producing a return on investment equal to a range of \$1.88–\$3.92 saved for every dollar spent on the program. Because the vast majority of US adults participate in the workforce, positive effects from similar programs could lead to better health and to savings for the nation as a whole.

EXHIBIT 2

Johnson & Johnson Adjusted Medical And Drug Costs Versus Johnson & Johnson Expected Medical And Drug Costs With Comparison-Group Trend

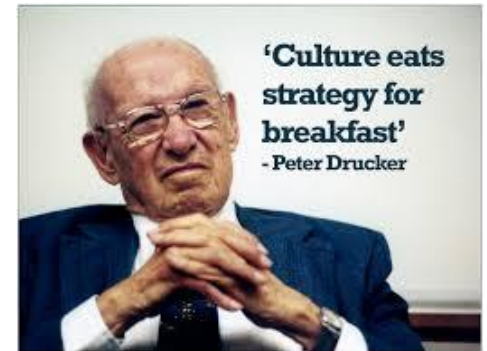


Average Savings 2002-2008 = \$565/employee/year
Estimated ROI: \$1.88 - \$3.92 to \$1.00

Some Key Learning

Culture Eats Strategy for Breakfast

- They all achieved success through a **critical mass of “elements”** they did consistently, over an **extended period**
- Each COH organization got there **via different routes**; different focus & priorities, specific to their needs and corporate culture
- There were many costly distractions and **“false-trails”**, as each occasionally tried new (non-integrated ideas & fads)
- **Sequence matters** such as rewarding participation, completion and finally results
- **Hallmarks of Benchmark Corporate Cultures of Health** included:
 - **Leadership support** & management alignment
 - **Data & Analytics** will identify your covered lives' **illness burden**
 - Continuous improvement measurement and troubleshooting “culture”; **cockpits, dashboards, & scorecards**
 - A **multi-year strategic planning** and investment priority
 - Actively engaged clinical support; **Chief Health Officer**
 - Targeted **Marketing & Communication** campaigns
 - **Vendor oversight & integration**



OUR METHODOLOGY

ASSESSMENT – GAP ANALYSIS

Single Metric – 700 out of 1000 is Benchmark

HeaHealthNEXT

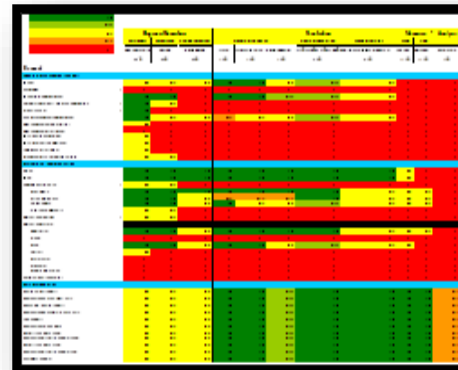
10 Weighted Categories

- People & management
- Marketing & communications
- Data warehousing
- Health & wellness plan design
- Environment
- On-site health activities
- Health & wellness activities
- Incentives and benefits design
- Engagement & navigation
- Vendor integration

Two Gaps-From-Benchmark Planning Tools

EHOA™

For Large Employers



- 218 “Elements”
- 10 “Categories”
- 11 “Thresholds”
- 5 “Degrees” of completion

EA50™

For Mid-Mkt Employers



- 50 “Elements”
- 10 “Categories”
- 5 “Degrees” of completion

Health Risk Appraisals (HRA) For An Organization

POPULATION HEALTH PLACEMAT

Understanding the Illness Burden

Risk Factors	Episodes of Care	Rx Medicines	Chronic Illness	High Cost	ST Disability
<p>Sedentary 53%</p> <p>Stress 40%</p> <p>Obesity 33%</p> <p>Overweight 32%</p> <p>High CHOL 25%</p> <p>High BP 24%</p> <p>High BS 5%</p>	<p>Pregnancy Newborns</p> <p>Muscular Joints</p> <p>Diabetes</p> <p>Cancer</p> <p>Heart Circulation</p> <p>Gastro Intestinal</p>	<p>Behavioral Mental</p> <p>Auto Immune</p> <p>Gastro Intestinal</p> <p>Diabetes</p> <p>Infertility</p> <p>Cholesterol Lowering</p>	<p>Low Back 7%</p> <p>High BP 6%</p> <p>Depression 4%</p> <p>Diabetes 4%</p> <p>Asthma 3%</p> <p>Heart Disease 1%</p>	<p>Cancer</p> <p>Heart Circulation</p> <p>Kidney Dialysis Transplant</p>	<p>Behavioral Mental</p> <p>Pregnancy</p> <p>Auto Immune</p> <p>Respiratory</p> <p>Gastro Intestinal</p> <p>Cancer</p> <p>Diabetes</p> <p>Heart Circulation</p>

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critical few missing elements is

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PERIODIC RE-ASSESSMENT

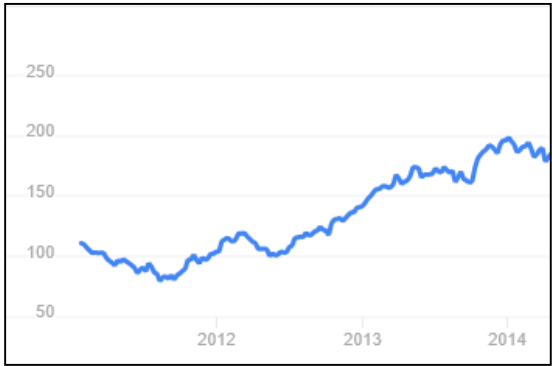
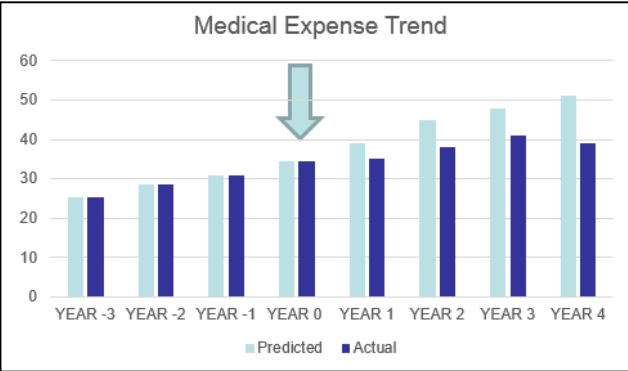
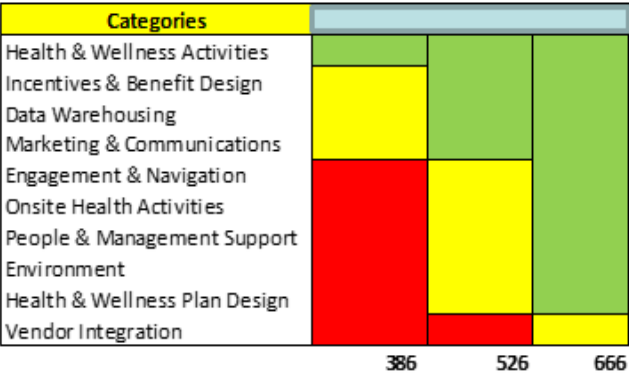
HealthNEXT

Continuous Improvement To Benchmark
Through Simulation, Tracking Cost Trend & Stock Performance

Categories	YR0% Bench	YR1% Bench	YR2% Bench	YR3% Bench	YR4% Bench
Marketing & Communications	50%	61%	70%	73%	109%
Health & Wellness Activities	86%	92%	98%	102%	105%
Incentives & Benefit Design	91%	91%	98%	96%	100%
Vendor Integration	9%	19%	19%	19%	97%
Engagement & Navigation	11%	14%	45%	47%	92%
Data Warehousing	36%	42%	56%	56%	83%
Onsite Health Activities	39%	45%	59%	59%	73%
People & Management Support	21%	51%	55%	61%	64%
Environment	19%	20%	29%	29%	43%
Health & Wellness Plan Design	14%	16%	22%	22%	40%

Total% of Benchmark	35%	42%	53%	54%	80%
Total Assessment Score *	255	308	386	395	568

*1,000 possible points; 550+ begins to bend the cost curve



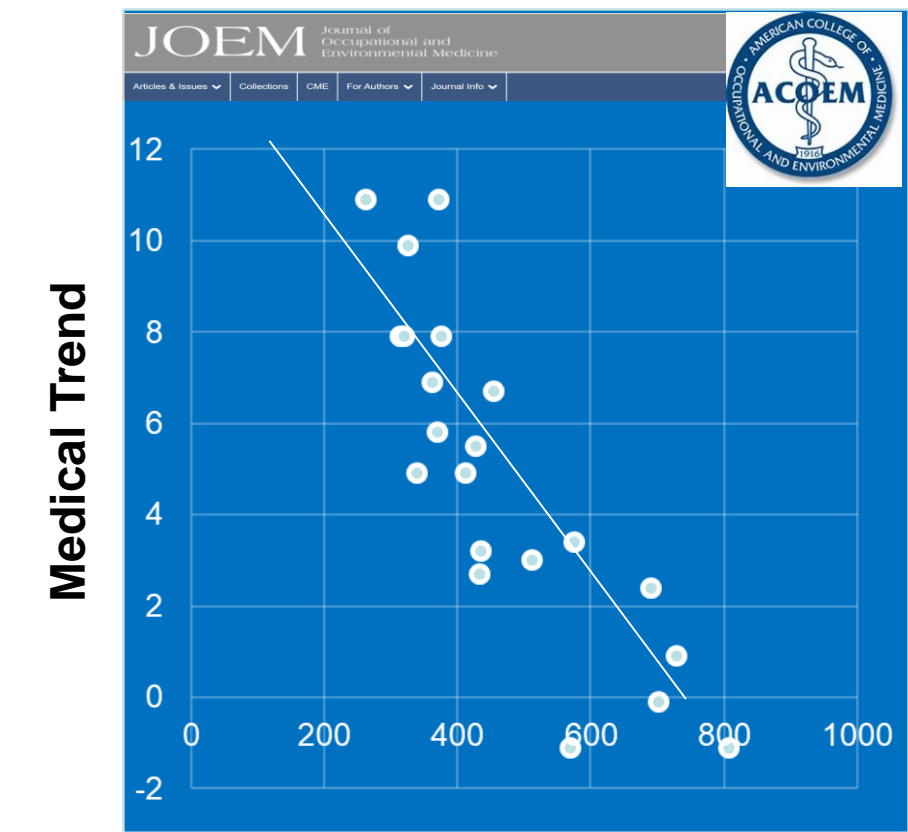
“What if” simulations are run to develop a multi-year plan based on impact

Medical Spending is Reduced
Bending the Cost Curve

Organizational Performance Improves
A Competitive Advantage

PROOF OF CONCEPT

High Correlation Between HealthNEXT “Culture of Health” Score & Medical Cost Trend – Every 50 points reduces medical trend by 1%



HealthNEXT COH Score

FAST TRACK ARTICLE

OPEN

The Correlation of a Corporate Culture of Health Assessment Score and Health Care Cost Trend

Raymond Fabius, MD, Sharon Glave Frazee, PhD, MPH, Dixon Thayer, BS, David Kirshenbaum, MBA, and Jim Reynolds, MD

Objective: Employers that strive to create a corporate environment that fosters a culture of health often face challenges when trying to determine the impact of improvements on health care cost trends. This study aims to test the stability of the correlation between health care cost trend and corporate health assessment scores (CHAS) using a culture of health measurement tool. **Methods:** Correlation analysis of annual health care cost trend and CHAS on a small group of employers using a proprietary CHAS tool. **Results:** Higher CHAS scores are generally correlated with lower health care cost trend. For employers with several years of CHAS measurements, this correlation remains, although imperfectly. **Conclusion:** As culture of health scores improve, health care costs trends moderate. These findings provide further evidence of the inverse relationship between organizational CHAS performance and health care cost trend.

Keywords: corporate health assessment, culture of health, health scores, health care trend, risk reduction

Many occupational health professionals' roles have evolved or expanded to address the strong connection between workforce health, wellbeing, and safety, and their impact on occupational health.¹ In addition, these professionals must establish ways to measure progress over time and to justify investments in workforce health in an environment where up to 84% of the full-time workforce has at least one chronic disease or is overweight.² This paper aims to contribute to these efforts, and in particular, to assist corporate physicians and wellness leaders in meeting these demands.

Over the last few decades, corporate health has become much more comprehensive. Traditional occupational health and safety efforts have incorporated workers' compensation and occupational-related disability management. More recently, occupational health professionals have also been asked to establish efforts to apply primary, secondary, and tertiary preventive services to the workforce and their dependents. Health executives are expected to keep workforces healthy and productive with sustainable and cost-effective programs. Yet, to be successful, companies must build health and safety into the mission, vision, and values of the organization. Adding programs is not enough. The famous quote attributed to Peter Drucker – “culture eats strategy for breakfast” – emphasizes the need to create a work environment where employees and their family members are more likely to make the healthy choice on both a conscious and unconscious basis. Companies have achieved cultures of safety. Now it is time to achieve cultures of health.

From the HealthNEXT, Philadelphia, PA (Dr Fabius, Thayer, Kirshenbaum, Dr Reynolds); Frazee Research & Consulting, LLC; Beaufort, NC (Dr Glave Frazee).

No funding received for this work (self-funded). The authors have no conflicts of interest. Address correspondence to: Sharon Glave Frazee, PhD, MPH, 403 Island Drive, Beaufort, NC 28516 (FrazeeResearch@gmail.com).

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DOI: 10.1097/JOM.0000000000000305

JOEM • Volume 60, Number 6, June 2018

How does one define an organizational culture of health? Healthy corporate cultures have a workforce with less illness and fewer unhealthy behaviors. So, employers with “cultures of health” should spend less on health care, without the need to reduce benefit services or shift more costs to their employees. It is feasible to measure a population's culture of health using medical and pharmacy claims information, health appraisals, biometric screenings, and other sources to calculate and track their collective illness burden and risk factors. This may be expressed as reductions in the collective illness burden of employees and their family members, as well as reduced health care cost trend.

Yet, cultural transformation often requires a systematic approach that addresses drivers of culture change, as well as an organizations' comprehensive efforts to put in place and measure a broad array of coordinated changes to improve health. Measuring corporate cultures of health is a recent and evolving development with significant challenges. As there are a long list of determinants of health, this measurement must be comprehensive, recognizing the influence that work itself has on health as well as health benefit design, workplace environment, and company policies. Measurements must also be meaningful and practical if organizations are going to be willing to apply the resources required.

Employers can measure the health of their culture using one or more of the tools developed to provide a corporate health assessment score (CHAS). Examples of these tools include the Centers for Disease Control and Prevention healthy workplace assessment tool and the on-line self-assessment developed by the Health Enhancement Research Organization in coordination with Mercer (the HERO Scorecard). Two other such tools are the Employer Health Opportunity Assessment™ (EHOA™) and Employer Assessment 50™ (EA50™). The EHOA and EA50 are proprietary culture of health and wellness assessment tools that measure elements that can contribute to a culture of health utilizing data collected via document review, workplace observational site visits, and interviews with senior leadership, management, and employees.

This article tests the stability of the correlation between health care cost trend and scores that measure the culture of health by extending the work by Goetzel et al.³ The seminal work by Goetzel et al.³ demonstrated that another CHAS tool, the HERO Scorecard, was predictive of future health care cost trend. Our hypothesis is that the health care cost trend of companies achieving higher CHAS scores will be lower than companies with lower CHAS scores using data from employer companies that implemented the EHOA/EA50. Moreover, by implementing against a multiyear strategic plan and using simulation, companies can predict the impact of CHAS on future health care cost trend. This has significant implications for financial planning and establishing reserves for covering health care costs.

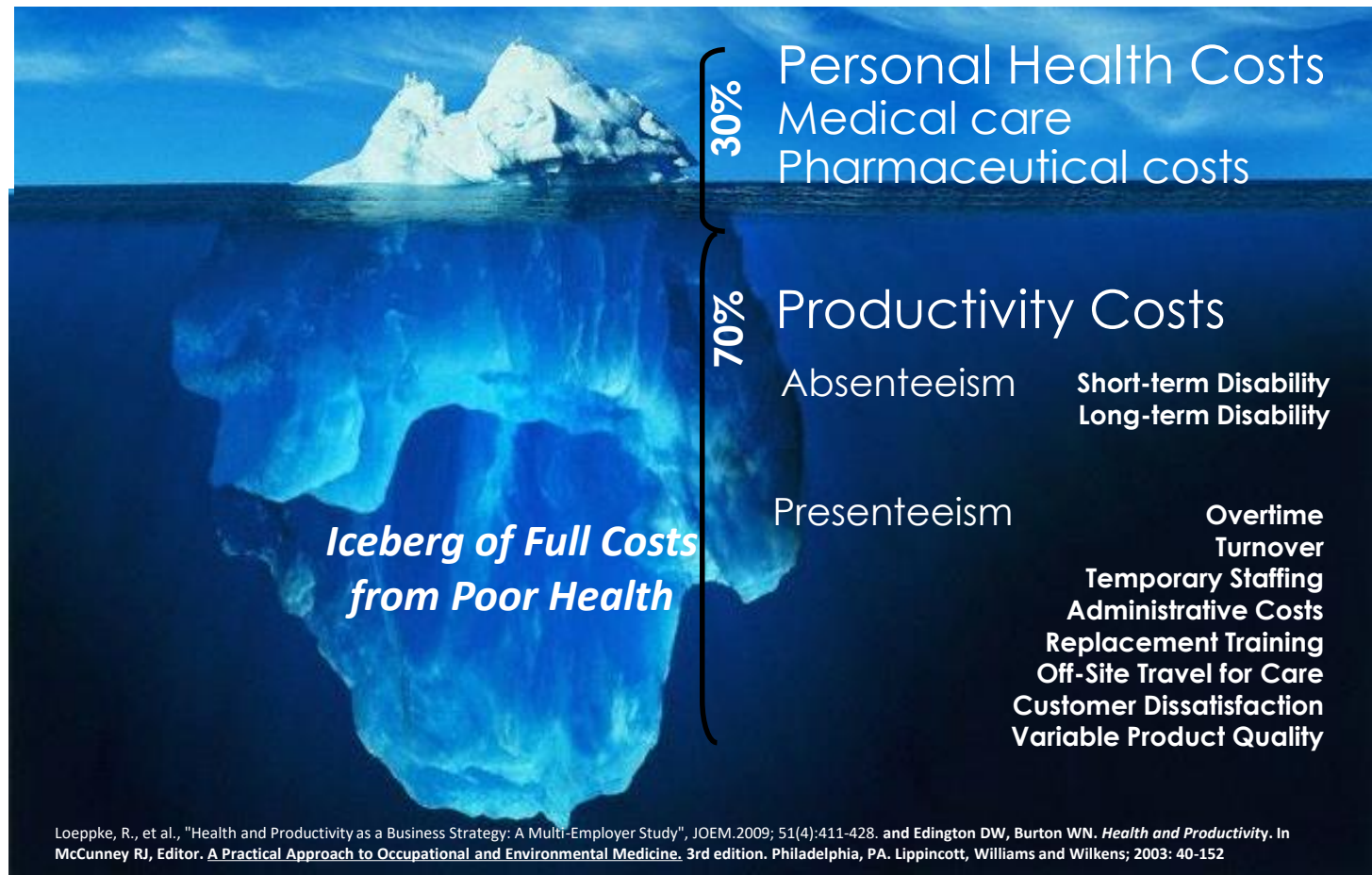
CORPORATE HEALTH ASSESSMENT USING THE EHOA/EA50

Corporate health assessments vary in design, but all have the ultimate intention of scoring how an organization is doing in terms of their populations' health, their corporate health policies, and

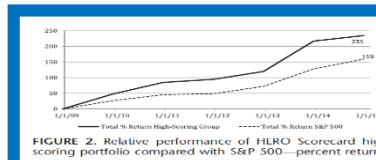
Health & Its Impact on Productivity

The *Full* Cost of Poor Health to Employers

HealthNEXT



**For every dollar you spend on healthcare –
you are losing \$ 2-3 due to lost productivity**



Linking Workplace Health Promotion Best Practices and Organizational Financial Performance

Jessica Grossmeier, PhD, MPH, Ray Fabius, MD, Jennifer P. Flynn, MS, Steven P. Noeldner, PhD
Dan Fabius, MD, Ron Z. Goetzel, PhD, and David R. Anderson, PhD, LP

Objective: The aim of the study was to evaluate the stock performance of publicly traded companies that received high scores on the HEDD Corporate Health Management Best Practices Scorecard in Collaboration with Merck. **Methods:** The study was based on their implementation of evidence-based workplace health promotion practices. **Methods:** A portfolio of companies that received high scores in a corporate health and wellness self-assessment was simulated and compared on past market performance and compared with past performance of companies represented on the Standard and Poor's (S&P) 500 Index. **Results:** Stock values for a portfolio of companies that received high scores in a corporate health and wellness self-assessment appreciated by 235% compared with the S&P 500 Index appreciation of 159% over a 6-year time period. **Conclusions:** Robust investment in workforce health and well-being appears to be one of multiple practices pursued by high-performing, well-managed companies.

Numerous studies link employee health risks and disabilities to health to higher health care costs,^{2,3,4} increased absence,^{5,6,7} if lower on-the-job productivity.^{8,9,10} Emerging research also associates lower employee well-being with higher turnover rates¹¹ and lower levels of engagement with work.¹² As a result, a growing body of research suggests that employee health and well-being may be seen as a strategic investment in human capital.¹³

Lending credence to the idea that good health is good business, companies with the most effective workplace health promotion (WHP) programs report superior market performance relative to competitors, and a growing number of studies suggest that employee health is one contributor to the development of the Parnassus Endeavor Fund (PARWU), a diversified US core equity fund that invests in large-capitalization companies that have been recognized as being among the most socially responsible companies in the S&P 500 and IBM.¹⁴ This fund was created in 2005 and has consistently outperformed the general stock market. The creation of this fund is

evidence that traders find information about company investment in human capital meaningful, suggesting that they may also have

The Stock Performance of C. Everett Koop Award Winners
Compared With the Standard & Poor's 500 Index

Ron Z. Goetzel, PhD, Raymond Fabius, MD, Daniel Fabius, DO, Enid C. Roemer, PhD, Nicole Thornton, BA, Rebecca K. Kelly, PhD, RD, and Kenneth R. Pelletier, PhD, MD (hc)

Objective: The aim of the study was to explore the link between being a public company and the health and well-being perceptions of their employees and its market performance. **Methods:** Stock performance of C. Fivetti's National Health Award winners ($n = 26$) was measured over time compared with the average performance of companies comprising Standard and Poor's (S&P) 500 Index. **Results:** The Koop Award portfolio outperformed the S&P 500 Index. In the 4-year period tracked (2001–2004), the average annual return for the award portfolio was 12.5% with the market average appreciation of 10.5%. **Conclusions:** This study supports prior and ongoing research demonstrating a higher market value—on affirmation of business success by Wall Street investors—socially responsible companies that invest in the health and well-being of their workers when compared with other publicly traded firms.

businesses, partly fueled by a specific provision of the 2010 Affordable Care Act (Section 2705) that encourages employers to implement comprehensive worksite health promotion programs. Currently, approximately half of all employers with more than 50 employees are working with some type of health promotion program, with large employers being more likely to have a complex program.¹ Initiation and expansion of these programs has been spurred by the belief that organizations will benefit at the business or enterprise level from the health and wellness of their employees, including medical expenses, as well as improving worker productivity, although that assumption has been challenged by some critics.²

The connection between a company's health promotion programs and overall business success has been well documented, with a strong emphasis on employee engagement in workplace health promotion and disease prevention programs. A further assumption is that participation in

Tracking the Market Performance of Companies That Integrate a Culture of Health and Safety

An Assessment of Corporate Health Achievement Award Applicants

Raymond Fabius, MD, Ronald R. Loeppke, MD, MPH, Todd Hohn, CSP, Dan Fabius, DO, Barry Eisenberg, CAE, Doris L. Konicki, MHS, and Paul Larson, MS

Objective: The aim of this study was to assess the hypothesis that social marketing performance of companies achieving high scores on dollar-based sales in the Corporate Health Achievement Award (CH2A) program will superior in average sales performance. **Methods:** The single market performance of portfolios of CH2A winners was examined under six different scenarios using simulation and post market performance in tests of association (t-test) to inform the investor association. **Results:** CH2A portfolio out-performed the S&P average on all tests. **Conclusions:** Theory add to the growing evidence that a healthy and safe workplace combine with a company's performance and its ability to provide positive returns to shareholders. It advances the idea that a proven set of health and safety metrics (CH2A) can be used in the process means individuals with associated measures for market valuation.

Learning Objectives

- Discuss previous research linking worker health to the stock market performance of companies, including the previous study tracing the performance of companies receiving the Corporate Health Achievement Award (CHAA).
- Summarize the methods and findings of the new study assessing the performance of portfolio of stock in companies recognized for excellence in health and wellness (or safety).
- Discuss the implications for the use of instruments for measuring the business value of workplace health and safety programs, such as the Integrated Health and Safety Index.

BACKGROUND

The authors report no conflicts of interest.

Address correspondence to R. Z. Groot, PhD, Senior Science Advisor, National Institute for Occupational Safety and Health, 1015 North 3rd Street, Suite 300, St. Paul, MN 55102, USA. E-mail: rgroot@niosh.nih.gov

of points possible being 1000. The 17 standards distributed throughout the four categories, address various aspects of workplace safety, health, and wellness. The scoring for each standard is based on a four-level system.

Level 1. Program Description

Organizations provide evidence that appropriate programs exist for each CHAA standard. CHAA applicants must clearly delineate relevant programs they have implemented, while demonstrating how these programs meet the CHAA standards.

Level 2. Program Dissemination
Organizations provide evidence that the programs are well deployed in all appropriate areas and departments.

Level 3. Outcome Measures
Organizations demonstrate that they have created a metrics system for their safety, wellness, and health programs and provide clear data on what is being measured.

Level 4. Trend Data

Organizations present trend data showing a reduction of health and safety incidents, or have a track record as businesses as a result of their safety, training, and health programs. Trend data demonstrates the success of these programs.


Points are awarded for each of the 17 standards within the four categories and each category has a maximum number of points of 250. Table 1 provides a comprehensive view of the categories, standards, and scoring for the CHAA. The transparency of the scoring system and process offers inspiring organizations insight into what is required to get competitive leadership can better make their

BACKGROUND

In recent decades, U.S. employers have made significant progress in addressing issues of health and safety in the workplace. Since 1970, workplace fatalities have been reduced by more than 65% and injury and illness rates have declined by 67%, according to

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BACKGROUND



C. Everett Koop
National
Health Awards

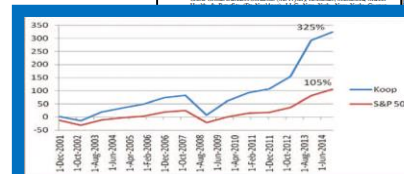


FIGURE 4. Performance of companies with a CHAA health score >175 and safety score >350 versus S&P 500.

2014

J.C. Sheehan, B. Gagne, P. Hirsch (University of Maryland, Baltimore),
Medford, NJ, Rossmore, Tennessee, (Dr. Joseph)
University Inc., Northbrook, Illinois (Dr. Hirsch)
University, Canada, New Jersey (Dr. Hirsch)
Ill., Chicago, Illinois (Dr. Kozlowski), American College
and Environmental Medicine, Elk Grove Village, Illinois
Paul Larson Communications, Pasadena, Illinois

health



**We published
three more
articles in 2016**

The Butler Health Experience

Aiming to Achieve Benchmark in 3 Years

For nearly 120 years, Butler Health System's flagship, Butler Memorial Hospital has maintained its independence and has continued to grow to meet the needs of a 7-county region. The 296 bed hospital, along with numerous outpatient locations for lab, imaging, cardiology testing, and over 50 primary and specialty physician offices throughout Butler, Armstrong, Clarion, Indiana, Lawrence, Mercer and Venango counties comprise Butler Health System.



We are the largest health delivery system in the local area north of Pittsburgh as well as one of the largest employer in our community with roughly 2000 employees.

The Butler Health Experience

Aiming to Achieve Benchmark in 3 Years

BHS Mission

Butler Health System is privileged to be a healing presence in the communities we serve. We exist to make a positive difference in the lives of people by providing compassionate, high-quality care and comfort and inspiring health and wellbeing.

BHS Vision

Butler Health System will be recognized as the premier provider of high value, integrated care to the region. We will achieve this through an unwavering commitment to the individual and organizational excellence and technological innovation.



Mission and Vision includes providing compassionate, high-quality care and comfort and inspiring health and wellbeing to our own employees.

The Road To a Culture of Health

How Butler Health System had a 53% Improvement in its EA 50 Score

LIVE BETTER EVERY DAY BHS+YOU

July 2018

Click on the below links for more information on these topics:

- Make Time for Fitness 2
- Backer Boats 3
- Healthy Habits 3
- Wellness Challenge 3
- Self Help Words 3
- Cooking Ideas 4
- Healthy Fun 4
- Reading your Reminder 4

Did You Know?
Recent studies suggest that among Americans, obesity is becoming a greater trigger for health problems than smoking or drinking. Learn how to keep your physical activity into your daily routine and make it a priority on Page 2.

Wellness Mission Statement: Our mission is simple: to provide our employees with the information and the means of achieving a healthier lifestyle that will result in improved quality of life.

BUTLER HEALTH SYSTEM

This BHS Lifestyle Medical Library is made possible through the generosity of Dr. David Schwartzman.

This is a lending library available to BHS staff. Books may be borrowed, but please remember to return the book in a timely manner so others may enjoy.

BHS+YOU

Call to Action: Please review this information at your staff meeting

1. BHS+YOU Wellness Program

- Earn Level 2 Reward with 150 points by 9/1/18 deadline. Completion of Level 1 REQUIRED TO EARN Level 2.
- You spoke, we listened! Reward payouts are being paid more frequently. Those earning level 2 by 7/31/18 will receive their \$125 reward check in August versus having to wait until October.

a. Ways to Earn Level 2 Reward?

- View past Financial Webinars on the BHS Intranet. Self-report to earn 5 points.
- Be physically active. Add physical activity trackers (cardio, strength, flexibility) to your BHS+YOU record – earn 2 pts per day (up to 50 points)
- Due for a preventive care visit? Earn 50 pts for yourself/25 points for spouse.
- Contact your insurance carrier. Inquire about Health & Wellness Coaching/Care Management. If you set and reach goals, you can earn up to 30 points.

b. HealthFitness Customer Service is available for any questions you have about the wellness program or BHS+YOU site, call 866-718-4343, M-F 8am-8pm EST, or email customerservice@bhs.com. Customer service can also assist you in resetting your user ID & password and self-reporting an activity for points.

In ONE minute,
a 150 POUND person BURNS
approximately 10 calories
walking UP stairs AND only
1.5 calories RIDING an elevator.

BHS+YOU the Y

YOU CAN change your health with Exercise.

EXERCISE IS MEDICINE!
Exercise controls weight, combats health conditions/disease, improves mood, boosts energy, promotes better sleep and is FUN!

July 2 - September 26, 2018 All exercise levels welcome (beginner to advanced).
Bring a towel to class to use for any floor work or stretching.
NO REGISTRATION NECESSARY! Just drop-in!

Monday Cardio Mash Up with Julie 4:00pm-4:40pm
A mix of low impact cardio mixed with short bursts of strength. Fast & effective. Great for beginners and Active Older Adults.

Functional Yoga with Kimberly 4:45pm-5:25pm
A dynamic class with energetic music that utilizes sun salutations, warrior poses & multiple balance and core poses to build strength, flexibility & agility. Class ends with focused stretching. For all fitness levels, no prior yoga experience needed.

Wednesday Barre with Mickey 4:00pm-4:40pm
A safe, low impact program that will tone & strengthen your body. Safe and effective for all fitness levels. Class uses a combination of postures inspired by ballet and other disciplines like yoga and pilates.

Cardio Interval Express with Julie 4:45pm-5:25pm
Cardio intervals, just 40 minutes. You are in, you are out, fast & effective!

Monday, July 2 Noon-Sarver
Monday, July 9 Noon-Sarver
Monday, July 16 Dimmick Center
Monday, July 23 Noon-Sarver
Monday, August 6 Dimmick Center

Monday, August 13 Dimmick Center
Monday, August 20 Dimmick Center
Monday, August 27 Dimmick Center
Monday, September 10 Noon-Sarver
Monday, September 17 Dimmick Center
Monday, September 24 Dimmick Center

Wednesday, July 11 Phillips Hall
Wednesday, July 18 Dimmick Center
Wednesday, July 25 Dimmick Center
Wednesday, August 1 Noon-Sarver
Wednesday, August 8 Noon-Sarver
Wednesday, August 15 Noon-Sarver
Wednesday, August 22 Dimmick Center

Wednesday, August 29 Dimmick Center
Wednesday, September 5 Phillips Hall
Wednesday, September 12 Noon-Sarver
Wednesday, September 19 Dimmick Center
Wednesday, September 26 Noon-Sarver

It is always good to check with your physician before starting an exercise program. It is understood that if you attend exercise classes, you are healthy.

Sandra Johnson, Vice President Organizational Advancement: sjohnson@bhs.com



Live Well is a program that will help to determine healthy choices by highlighting Vegetarian, Vegan or Heart Healthy lower fat menu items.

Some Dietary Guidelines include:

Saturated Fats: Less than 5 grams per Meal

Trans Fat: Zero Trans Fat

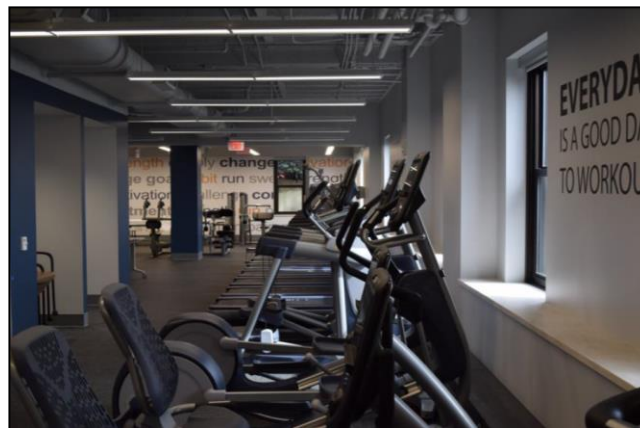
Sodium: Less than 525 milligrams for entrees and 410 milligrams for a side

Added Sugars: Less than 8 grams per meal

Whole grain: 100% whole grain



Look for this symbol to denote the Live Well menu items.



the Y BHS Fitness & Wellness Center

CIRCUIT TRAINING

Are you still trying to get the most out of your workouts? Look no further, **Circuit Training** is on the way! This class will involve strength training as well as intervals of cardio. The flow will go in a circuit format spending anywhere between 30 seconds to two minutes at each interval and keep you moving!

No registration necessary! Just drop-in!
There is an 8 participant limit. Come early to obtain your spot!

Day: Tuesdays
Time: 4:15PM-5:00PM
Location: BHS Fitness & Wellness Center

HealthNEXT Provided *Our Illness Burden Guidance*



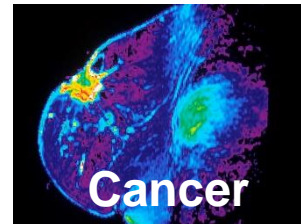
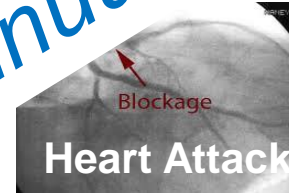
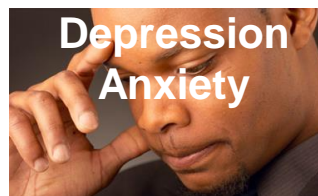
High Blood Pressure



High Blood Sugar



High Cholesterol



Dictated Our Approach Across Continuum of Care

New Hire Study

Emphasized Need For Culture of Health

Number New Hires by Findings
FY16 N=397, Avg Age = 36.7, 86.6% Female
FY17 YTD N=409, Avg Age = 36.1, 85.8% Female



Goodyear

A Journey Approaching A Benchmark Culture of Health



Akron OH



HealthNEXT Accelerated Our Process As Well

Global Health Strategy

Goodyear Global Health Strategy



HealthNEXT Research Reinforced the Importance of a Chief Health Officer, Collaborating Internally and Getting the Most from your Vendors

ACOEEM GUIDANCE STATEMENT

Role and Value of the Corporate Medical Director

J. Brent Pawlecki, MD, MMM, Wayne N. Burton, MD, Cheryl Christensen, DO, MS, K. Andrew Crighton, MD, Richard Heron, MB, ChB, FRCP, T. Warner Hudson, MD, Pamela A. Hymel, MD, MPH, and David Roomes, FFOM, FACOEM, ACOEEM Corporate Medical Directors Section Task Force

The role of the corporate medical director (CMD) has evolved over the last 300 years since Ramazzini first identified diseases of Italian workers in the early 1700s. Since then, there has been a gradual blurring of the boundaries between private and workplace health concerns. Today's CMD must have intimate knowledge of their corporation's industry and the businesses that they support, particularly the occupational and environmental programs that comply with all local, state, and/or national standards and regulations. Leading companies not only measure compliance with such standards but also may hold programs to their own internal corporate global standards even if these go beyond local government requirements. This document will explore in greater depth the strength and importance that the CMD brings to the business operations to support a healthy, engaged, and high performing workforce. Part 1 describes the role and value of the CMD, while Part 2 provides collective wisdom for the new CMD from current and past highly experienced CMDs.

The corporate medical director (CMD), also known as the chief medical officer or chief health officer, typically has overall medical responsibility for the company, including all issues related to health (emergency response, critical event management, medical leaves, occupational and environmental health programs, community health interface, and leadership and management of the medical organization). Frequently, the scope of the role extends to include responsibilities within related disciplines such as product stewardship (toxicology) in partnership with research and development, global security (proactive disaster planning), industrial hygiene and safety (biologic monitoring, protective equipment), human resources (HR), and health care benefits design. The company may also look to the CMD to design and implement a global health and well-being strategy working closely with HR, finance, and company leadership, to provide a population health perspective for the corporation.

In most developed countries, including the US, broad health and management experience is highly useful before taking on the role of CMD. Ideally, the candidate should hold an unrestricted license to practice medicine in her or his home headquarters country, although that may not be a requirement in every organization or country. He or she should also achieve board certification, a recognized specialist

accreditation in occupational medicine or the more preferred double certification in occupational medicine, and another board such as internal medicine or family medicine. Further qualifications such as a master of public health or masters-level degree in environmental health, business administration, or law are highly desirable, including knowledge of epidemiology, biostatistics, population health management, business management, and regulatory aspects of employee health. CMDs should also remain active in their relevant professional health organizations to demonstrate that they are remaining current in medicine. Before taking on the role of CMD, it is advantageous to have at least 10 or more years of practical experience as an occupational health physician, preferably within a global setting, including at least 5 years in a leadership role managing physicians and other licensed health care professionals.

The role of the CMD has evolved over the last 300 years from Ramazzini's identification and prevention of the diseases of Italian workers in the early 1700s. Since then, there has been a gradual blurring of the boundaries between private and workplace health concerns, to today's focus on health management for enhanced business performance, health care cost containment, and health-related productivity loss mitigation. As the business partnership expectations for medical directors have increased, so has the need to identify the best global providers of care who are able to rapidly identify evidence-based interventions for employee populations, as well as oversee legal regulations, product stewardship, research facilities, and the health of all employees. Finally, the CMD serves as subject matter expert (SME) for any health-related issues that are faced by the employees and their families as well as by the corporation and the communities in which they operate.

Today's CMDs must have intimate knowledge of their corporation's industry and the businesses they support, particularly the occupational and environmental programs that comply with all local, state, and/or national standards and regulations. Leading companies not only measure compliance with such standards but also may hold programs to their own internal corporate global standards even if these go beyond local government requirements. Analysis may be conducted to assure compliance with legal and regulatory requirements as well as company standards and the results may be reported periodically to senior leadership and other appropriate external stakeholders to keep them informed about potential vulnerabilities.

This document explores in greater depth the strength and importance the CMD brings to the business operations to support a healthy, engaged, and high-performing workforce. Part 1 describes the role and value of the CMD, while Part 2 provides collective wisdom for the new CMD from current and past highly experienced CMDs.

PART 1: THE ROLE AND VALUE OF THE CORPORATE MEDICAL DIRECTOR

HEALTH POLICY, STRATEGY, AND LEADERSHIP

The CMD has a major opportunity within the corporate environment to demonstrate the value of a well-developed health

Goodyear

Health Operations Manager

- Vendor Management/integration
- Operations
- Program management
- Communications

Emergency Services Lead

- Emergency Response
- CPR/AED training
- Standardization for US teams

National Food Vendor

Registered Dietitian

- Program provider
- Healthy food offerings
- 1:1 consults

Brent Pawlecki, MD Chief Health Officer

U.S. Health Operations

- Strategic support
- Compliance

U.S. Health Operations

- Travel medicine
- Occupational health
- Program provider
- Wellness support
- Acute episodic care
- Vaccination program

On-site Clinic Vendor

Occupational Medical Director

- Occupational Health SME
- QI programs
- Research
- Program provider
- CPOD programs

Athletic Health Specialist

- Health coaching
- Event coordination
- Program development
- Program provider

EAP Vendor

Onsite EAP Manager

- Program provider
- Onsite support
- 1:1 or group consults
- Training

From the American College of Occupational and Environmental Medicine, Elk Grove, Illinois. This position paper was developed by the ACOEEM Corporate Medical Directors Section Task Force, reviewed by the ACOEEM Committee on Policy, Procedures, and Public Positions, and approved by the ACOEEM Board of Directors. ACOEEM requires all substantive contributions to its documents to disclose any potential competing interests, which are carefully considered. ACOEEM emphasizes that the judgments expressed herein represent the best available evidence at the time of publication and shall be considered the position of ACOEEM and not the individual opinions of contributing authors. The authors declare no conflict of interest. Address correspondence to: Marianne Degre, MA, ACOEEM, 25 Northwest Point Blvd., Suite 700, Elk Grove Village, IL 60007 (info@acoem.org). Copyright © 2018 American College of Occupational and Environmental Medicine. DOI: 10.1097/JOM.0000000000001126



HealthNEXT

HealthNEXT Guidance Helped us Generate a Benchmark Marketing & Communications Campaign

Multiple communications channels to reach associates and families

- Emails
- Home mailings
- Television screens
- Plant "GoodLife boards"
- Huddle meetings
- Health blog
- GoodLife website



GOODLIFE
GOOD CHOICES FOR YOUR LIFE



HealthNEXT Evaluated All of Our Major Locations from 2013 to the present – *Motivating & Influencing Others*

GOODYEAR SITE VISIT HISTORY & SCHEDULE				
SITES	2013 EHOA	2014 EHOA	2015 EHOA	2017 EHOA
Akron	x	x	x	x
Fayetteville	x			
Danville	x	x		
Topeka		x		
Lawton		x		
Buffalo	x	x		
Gadsden			x	
Houston			x	
Beaumont			x	
Bayport			x	
Social Circle				x
Stockbridge				x
Covington - Retail				x
Conyers - Retail				x

GoodLife KPI Measures of Progress Includes the HealthNEXT Score

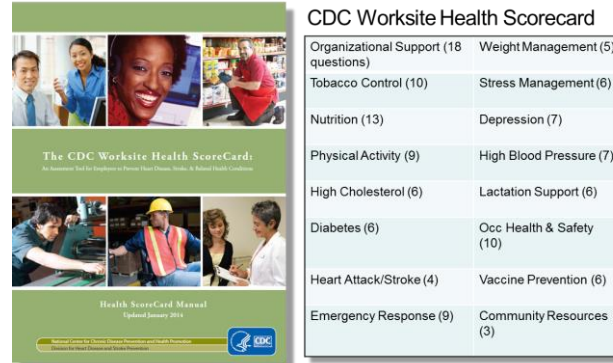
Three tools to measure progress:

Health Status	Worksite	Culture of Health
Cost of Ill Health	CDC Worksite Health Scorecard	Culture of Health Scorecard
<ul style="list-style-type: none"> Based on Goodyear's health database scores Measures health status of populations A lagging indicator 	<ul style="list-style-type: none"> Evidence-based tool from the <i>Centers for Disease Control</i> assessing worksite 	<ul style="list-style-type: none"> <i>HealthNext</i> Assessment tool of structure and process evaluating the 210+ components that build a culture of health

We are using external validated evidence-based tools to manage our progress in achieving our Health Strategy.

With the HealthNEXT Guidance Goodyear is Improving its scores through **Best Practice**

1. **Wellness Grants**



2. **GoodLife Monthly Communications Boards**

- GoodLife Programs
- Benefits
- EAP
- Safety
- Emergency Preparedness
- Well-being



The National Alliance and HealthNEXT

Evidence-based Population Health Management Methodology

- The National Alliance has established a preferential, flexible arrangement with HealthNEXT
- New scalable approach adapts learnings from “high performing” leaders to **deliver to** large and middle market
- “Certified” Assessors and Planners will help **manage** the multi-year process to bend the healthcare cost curve

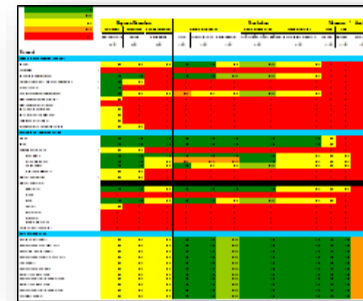
What's in the Box?

- A clear-eyed assessment of where your organization stands today on the journey to a culture of health
- A roadmap to help set priorities and allocate resources to allow you to accelerate your progress and impact those areas where you can make the most progress

The National Alliance and HealthNEXT

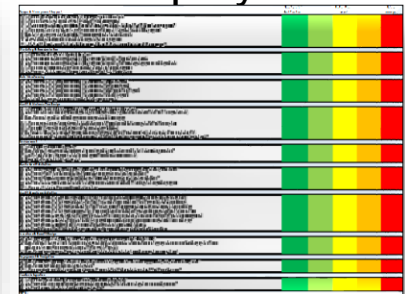
Through **successful deployment** of its proprietary methodology HealthNEXT brings a proven rigor and discipline to the **development of corporate culture** that was previously managed by instinct, intuition and individual experience

EHOA™ For Large Employers



- 218 “Elements”
- 10 “Categories”
- 11 “Thresholds”
- 5 “Degrees” of completion

EA50™ For Mid-Mkt Employers



- 50 “Elements”
- 10 “Categories”
- 5 “Degrees” of completion

The National Alliance and HealthNEXT

A Call to Action

Employers:

- In most organizations, **improving** the health and productivity of employees is perhaps the largest single business opportunity to **pursue over the next several years**
- It is the “right thing to do for our people and the smart thing to do for our business”

— (former CEO of Fortune 250 company)

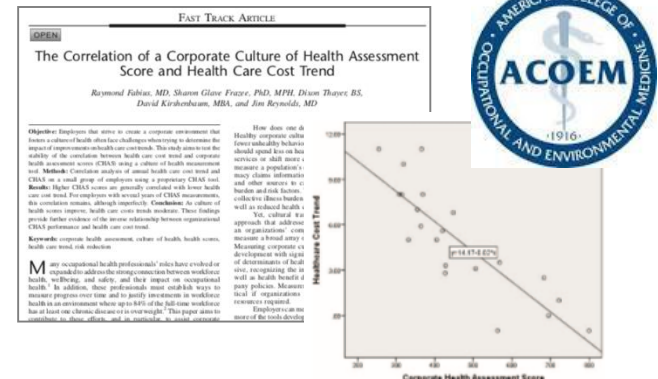
Coalitions:

- The conduit to **provide** access to a high value and affordable approach for members
- Opportunity to form learning networks to share best practice and **accelerate the pace of change** and progress

The REAL CORPORATE TAX PROBLEM

SOLUTION

- **50+ years of cost increases 2-3X the CPI, despite millions spent on consultants, brokers, etc.**
 - Compromising American Business Competitiveness
 - Employers are looking for a tangible evidence-based solutions beyond just shifting the burden to others
-
- Validated evidence-based process; reducing healthcare inflation to the CPI or lower
 - Strategic process (vs. tactical “program”); has achieved enduring results for others
 - “Packaged” to address every employer’s needs, regardless of size, complexity & resource constraints
 - Via proprietary toolset developed by the leader in the emerging population health science



A CALL TO ACTION!

NAHPC Leads the Way



UNIQUE RELATIONSHIP

- **National Alliance** has negotiated a unique relationship with **HealthNEXT** to provide this evidence-based solution to coalition members utilizing their proprietary software toolset **at a reduced rate**
- **HealthNEXT & National Alliance “Certified” Assessors & Planners can initiate the process to deliver your multi-year strategic roadmap to bend your healthcare cost trends & provide a competitive advantage today**

HOW TO PROCEED

- The cost of this program has been scaled to fit all types and sizes of organizations
- Contact either HealthNEXT Co-founder **Ray Fabius MD** or **Joe Checkley** from the National Alliance for a brief orientation & demonstration

ray.fabius@healthnext.com

610-322-2565

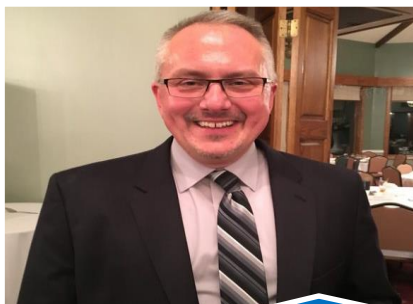
JoeCheckley@nationalalliance.org

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Q&A



Ray Fabius, MD
Co-Founder / President
HealthNEXT



George Pokrant RN, MBA
Medical Management
Butler Health

Future Contact:

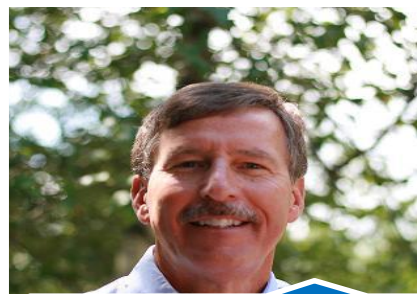
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908-914-5898

Expect follow up survey shortly

ABOUT HEALTHNEXT

- **HealthNEXT** is a respected R&D based enterprise, dedicated to accomplishing the ultimate value proposition above.
- **Their research of the benchmark employers** (large & small) who have achieved successful, sustainable “cultures of health & wellbeing”, resulted in a systematic “gaps-from-benchmark” assessment and planning tool
- **They have applied it successfully with a growing number of large & small employers**, and are now looking for partnering opportunities to introduce this breakthrough research and planning process to the market
- Based on an established relationship with Dr. Fabius, (a co-founder of HealthNEXT), **they have offered National Alliance a “first-mover” opportunity** to partner and have access to this important research and process, to deliver to their member coalitions, for use with their employer constituents
- If we can proceed in a timely fashion, we can announce this opportunity to our members, coincident with a **pending peer-reviewed journal article that substantiates the validity and value** of the HealthNEXT program

