



Five-Year Strategic Plan

2009-2013

Executive Summary

Background

The Michigan Healthy Community Initiative (MHCI) was established by President Coleman in 2005 to: promote the health and well-being of the University of Michigan community; develop more cost-effective delivery of health care as a model for other institutions; and advance public discussion and social commitment to change in this area by harnessing the intellectual capacity of the University to develop, test and study efforts to improve the wellness of our employees, dependents, and retirees.

The health care cost trend for the University of Michigan continues to increase at a rate of 10-12% annually. This is economically unsustainable in the current fiscal climate. In response to this trend, the Michigan Healthy Community (MHC) Steering Committee was created in February, 2007, with the specific tasks of developing a five-year strategic plan to use state of the art health and well-being programs to improve the health of the employees of the university, and contain health care costs. The Steering Committee was co-chaired by Dr. Robert Winfield, Chief Health Officer, and LaVaughn Palma-Davis, Senior Director, University Health and Well-Being Services. Members of the MHC Steering Committee were: Anne Berens, Assistant Associate Provost; Marty Eichstadt, Human Resources Director of Benefits; Professor Kyle Grazier, School of Public Health, Health Management and Policy; Ted Makowiec, Human Resources Benefit Strategist; Dr. Sam Silver, Medical Director of the UMHS Medical Management Center, and Professor Charles Smith, Pharmacology Department. Thomson-Medstat supplied consultation regarding evidence, and best practices.

Best Practices

A review of the literature was conducted to determine the common characteristics of best practice health and well-being programs. In addition, in October 2006, a comprehensive phone survey was conducted of 13 organizations considered to be best in class in the application and evaluation of health promotion, disease management and disability management programs. Effective health and well-being programs can contribute both to improved health and costs savings. Chapmanⁱ and Aldanaⁱⁱ in separate meta analyses found that such programs can achieve significant returns on investment (in the range of 3.5 – 5.8:1 for every dollar spent). If programs achieve optimal participation (>70%) the expected return is even more likely. Recently, companies which have integrated incentives for healthy behaviors with their benefit

plan design have experienced significant increases in participation, and thus a more sustainable return on investmentⁱⁱⁱ.

The literature and best practices indicate that successful programs contribute to organizational success by positively impacting the following key indicators:

- Improved health status and quality of life
- Improved work culture and employee satisfaction
- Improved retention and recruitment
- Reduced injury rates
- Decreased absenteeism and replacement costs
- Reduced health care costs
- Reduced disability costs
- Optimal productivity

In addition, the most effective health and well-being services:

- Integrate health and well-being into business objectives
- Consider total cost impact – not just medical cost
- Are data driven and therefore stress the need for a data warehouse for improved planning and evaluation of health improvement and cost containment efforts
- Integrate related programs and services within the organizational structure to enhance coordination and efficiency in addressing the continuum of health management activities
- Address the range of health issues from high level wellness to chronic and complex conditions, keeping the low risk healthy, moving the high risk to a lower risk category and improving the health and disability management of those with chronic and complex conditions
- Focus on prevention and risk reduction, effective use of health care services, and assisting people with chronic illness to maintain health and return to productivity
- Operate at multiple levels simultaneously, addressing individual, environmental, policy and cultural issues
- Achieve high participation through incentives and cultural supports
- Offer health risk assessments to all employees, followed by coaching/counseling and triage to appropriate interventions

In developing a framework for the strategic planning process, the group considered the best practice information that was gleaned from the literature. In addition, two national tools were used in developing benchmarks for the five-year strategic plan: the Partnership for Prevention's "Leading By Example Organizational Assessment" and the Health Enhancement Research Organization (HERO) "Best Practice Scorecard". These tools provided a foundation, which was then enhanced and customized to the University of Michigan.

In addition, the MHC Steering Committee considered the results of both an employee demographic and health profile, and a faculty and staff interest survey, in order to understand the UM employee population's health issues and how our employees utilize health care. The resultant data provided information that helped guide the recommendations on wellness, prevention, and disease and disability management activities included in this strategic plan.

Recommendations

Once the essential elements of a model plan were determined, a gap analysis was performed, which enabled the MHC Steering Committee to identify areas where we were doing well with existing resources, as well as significant gaps and areas for improvement. In response to best practices and identified gaps, priority areas, related recommended actions and timing of organizational effort were identified. Fiscal Years 2009 and 2010 are more heavily loaded with priority areas/actions to properly install the foundational elements needed to achieve the stated objectives over the long term. Some of those priorities include launching a comprehensive communications plan to move people to action around health improvement, offering free University-wide health risk assessments with follow-up coaching and referral to helpful services, incorporating incentives to promote healthy behaviors, and offering targeted health interventions based on health risk factors.

The MHC (now MHealthy) five-year Strategic Plan recommendations build on current services and activities and cover the following key areas that are critical to successful health management programs:

Core Foundational Elements

- Leadership commitment and support
- Supportive environment, culture and infrastructure
- Communication
- Strategic planning
- Data management and evaluation
- Program design and coordination
- Benefit design and incentives

Targeted Program Elements

- General wellness programs such as physical activity, healthy eating, flu vaccines, etc.
- Periodic health risk assessments with follow-up coaching, triage and referral to targeted risk reduction and disease management interventions
- Targeted interventions based on health risk factors
- Disease management programs with optimal recruitment of eligible members, effective patient education and care coordination
- Drug therapy optimization (e.g. Focus on Medicines)

- Mental, emotional health and substance dependency services emphasizing prevention, early intervention, timely access to treatment and return to productivity
- Worksite clinics
- Demand management activities and consumer medical decision support
- Integrated disability and absence management

The strategic plan also includes principles by which we expect our programs and services to operate. A few examples of these principles are:

- Personal health information is protected and kept confidential according to HIPAA regulations
- Participation in programs and services is voluntary
- Program evaluation will be based on aggregate, not individual, data
- Benefit decisions are guided by cost benefit, quality and effectiveness data

Program Evaluation

The MHealthy plan has a comprehensive evaluation strategy to achieve optimal outcomes for our faculty, staff, dependents, retirees and the University as a whole. Among the short and long term metrics that will be carefully evaluated within the next five years are as follows:

- Wellness assessment participation rates
- Wellness and risk reduction program participation rates
- Wellness and risk reduction program outcomes
- Program participant satisfaction
- Changes in health risks and health status
- Changes in health care cost trends and health care utilization
- Program impact on health care utilization, workers' compensation and disability

Initial Areas of Priority

Based on the aforementioned gap and prioritization analyses, as well as our learnings from benchmark studies, it is intended that the following areas will receive priority over the next five years.

Years One and Two

- Development and implementation of a comprehensive communications plan to move people to action around health improvement
- Annual offering of free, confidential wellness assessments for regular, active UM faculty and staff, including a health questionnaire and wellness screening (screenings to occur in years one, three and five)
- Provision of wellness assessment participation incentives for eligible faculty and staff

- Post health questionnaire follow-up and referral to helpful programs and health coaching (including group-based, telephonic, online and mail-based modalities) designed to help individuals reduce their health risks and/or maintain their low-risk status
- Implementation and evaluation of population-based wellness programs such as Active U, healthy eating, online tools related to ergonomics and mental and emotional health
- Development and implementation of environmental supports such as healthy vending, dining and catering, smoke-free policies, etc.
- Ongoing outreach to University leadership to support faculty and staff participation in health and well-being programs
- Addition of dependent and retiree populations to MHealthy program
- Expansion of tobacco treatment programs
- Development of a plan to improve fitness center access
- Analysis of the alignment and integration of MHealthy programs with UM health care benefit offerings
- Analysis and implementation of innovative programs designed to improve the value of health care in Michigan and beyond

Years Three through Five

- Continued provision of wellness assessments and incentives (wellness screenings to be provided in years three and five)
- Detailed program analysis to determine impact on health improvement, culture change and cost containment
- Additional strategic program planning based on outcomes from detailed program analysis
- Continued analysis of the alignment and integration of MHealthy programs with UM health care benefit offerings
- Continued analysis and implementation of innovation programs

The recommendations in this strategic plan are considered a business imperative as well as the right thing to do. It is essential to the overall well-being of the University and its employees to improve health and at the same time, slow the growth in health care costs. Over the next five years and beyond, MHealthy hopes to achieve its vision of “creating a community of health where people thrive” by providing high quality programs, rigorous evaluation, engaging communications, and a highly supportive environment to the members of the University of Michigan community.

ⁱ Chapman, L., Meta-evaluation of Worksite Health Promotion Economic Return Studies: 2005 Update. *The Art of Health Promotion* 2005;4:1-11.

ⁱⁱ Aldana, S., Financial Impact of Health Promotion Programs: A Comprehensive Review of the Literature. *The Science of Health Promotion* 2001;15(5):296-320.

ⁱⁱⁱ Anderson, D., The Financial Impact of Healthy Management: New Evidence from the Worksite. *16th Annual Art and Science of Health Promotion conference, March 20-24, 2006.*