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5 Mistakes to Avoid When Designing Well-being Interventions

The Data-agnostic Approach to Successful Initiatives

Designing successful interventions can help reduce health problems in your employee population and deliver meaningful business outcomes that impact the bottom line. In our work with stakeholders across the field of employee well-being, we've captured some hard-won lessons that support the successful design and execution of well-being interventions.

Delivering Diverse Benefits to Meet Employees' Unique Needs

While organizations offer a wide range of benefits to address wellness — insurance plans or employee assistance programs (EAPs) applicable to entire employee populations — personalized approaches to employee health issues also hold great promise.

Targeted interventions — whether developed by employers, brokers, or outside consultants designing these interventions — represent an exciting frontier of shaping employees' health behaviors to become healthier, happier, and more engaged at work.

In this e-book, Springbuk's health intelligence experts, Jennifer Jones and Anne Fischer, identify five common mistakes and how to avoid them when designing wellness interventions. First off, let's dig deeper into the "why" of well-being interventions as well as common constraining factors that limit their impact.

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Demonstrating care for your employees through the right mix of benefits and programs, including digital health interventions, is an important part of attracting and retaining top talent.

The Promise and Common Constraints of Well-being Interventions

Population health interventions have the potential to save businesses money and unlock greater productive capacity — two simple ways to frame the very real ROI from such programs. Such returns become possible only when using the right data to design a program for a unique member population (which we'll talk about more in a bit).

Most of the time, interventions are designed to modify individual behaviors. For example, a program might be designed to shift the usage profile of healthcare benefits to strategies that head off chronic problems or that course-correct inefficient behavior in individuals. These outcomes are great for impacting the bottom line — whether through short-term or long-term changes in behavior.

Another reason businesses turn to interventions is to react to the unique needs of member populations, which can create a better employee experience. When basic needs are met, employees are more capable of focusing on knowledge work; they improve

resiliency, and can be even more mindful in their work in a way that improves safety. Demonstrating care for your employees through the right mix of benefits and programs, including digital health interventions, is an important part of attracting and retaining top talent.

What's Limiting Success?

While interventions have been a tool that benefits leaders and brokers have been using for decades, it is challenging to design these initiatives. The primary reason for this lack of success ties to not having easy access to health benefits utilization data to assess the member population's true needs. This lack of accessible data precludes developing models to project expected outcomes, and identifying the segments of the population that would most benefit from these interventions.

Of course, that's an oversimplification, so let's look at five common mistakes companies make when designing well-being interventions.

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MISTAKE 1

Relying Solely on Medical Claims Data

Many health interventions fail because their designers lack data to understand the factors affecting their member population and what alternatives would shift individual behaviors toward a specific outcome or which steps would best correct an issue.

When designing interventions, benefits leaders and brokers must consider more than just medical claims. Data on geography, demographics, absence management, retirement, and workers' compensation claims are other examples of data points that can provide a fuller picture of a member population's health risks. Data around prescription drug use, clinical outcomes, and best practices for treatments are other examples that might factor into designing an intervention.

Social Determinants of Health (SDoH) data can also:

› Impact the design and effectiveness of a program as it may help guide the types of interventions that would be the most successful

› Help measure the effectiveness among different groups of members

There are too many sources to cover in this short e-book; however, our point is that **benefits leaders and their advisors must look closely at a member population and overlay medical data, such as claims, with other data points to create a holistic view of risks and desired outcomes for an intervention initiative.**

Personalizing interventions is not just about what you want to achieve; it is about whether the effort will be successful based on data. At Springbuk, we're planning for the future. We identify new sources of data, such as wearable devices that track health metrics, or map personal choices and behaviors to helpdesk data or trends seen in chatbot interactions.

TO AVOID THIS MISTAKE
Consider more than just medical claims data to achieve a more holistic view of risks and desired outcomes for an intervention initiative.

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Making a Quick ROI the Primary Goal

We're not going to say that short-term ROI is not possible. It's just not as common because the goal of a health intervention is to create shifts in individual behavior — that takes time. For example, an intervention that aims to reduce the number of members with a risk of developing Type 2 diabetes often involves program elements aimed at modifying behaviors to address obesity, nutrition, and fitness that will in turn reduce health problems such as Type 2 diabetes and hypertension.

A successful program recognizes that ROI from a health intervention doesn't happen overnight; it's a multi-step initiative that requires effective planning and execution. **Some of those steps include:**

〉 Gathering and analyzing data

〉 Conducting assessments

〉 Researching member populations

〉 Modeling for expected outcomes

〉 Launching the wellness intervention

〉 Communicating about the program

〉 Educating members about availability and benefits

〉 Measuring the effectiveness

〉 Modifying the plan if outcomes are off-target

Furthermore, sometimes there are barriers to accessibility for an intervention that can range from financial to cultural to logistical. These factors also take time to discover, understand, and triage. **Benefits and business leaders have to carefully examine the process of rolling out these initiatives to watch for communication breakdowns, member awareness, or internal processes that might be barriers to success.**
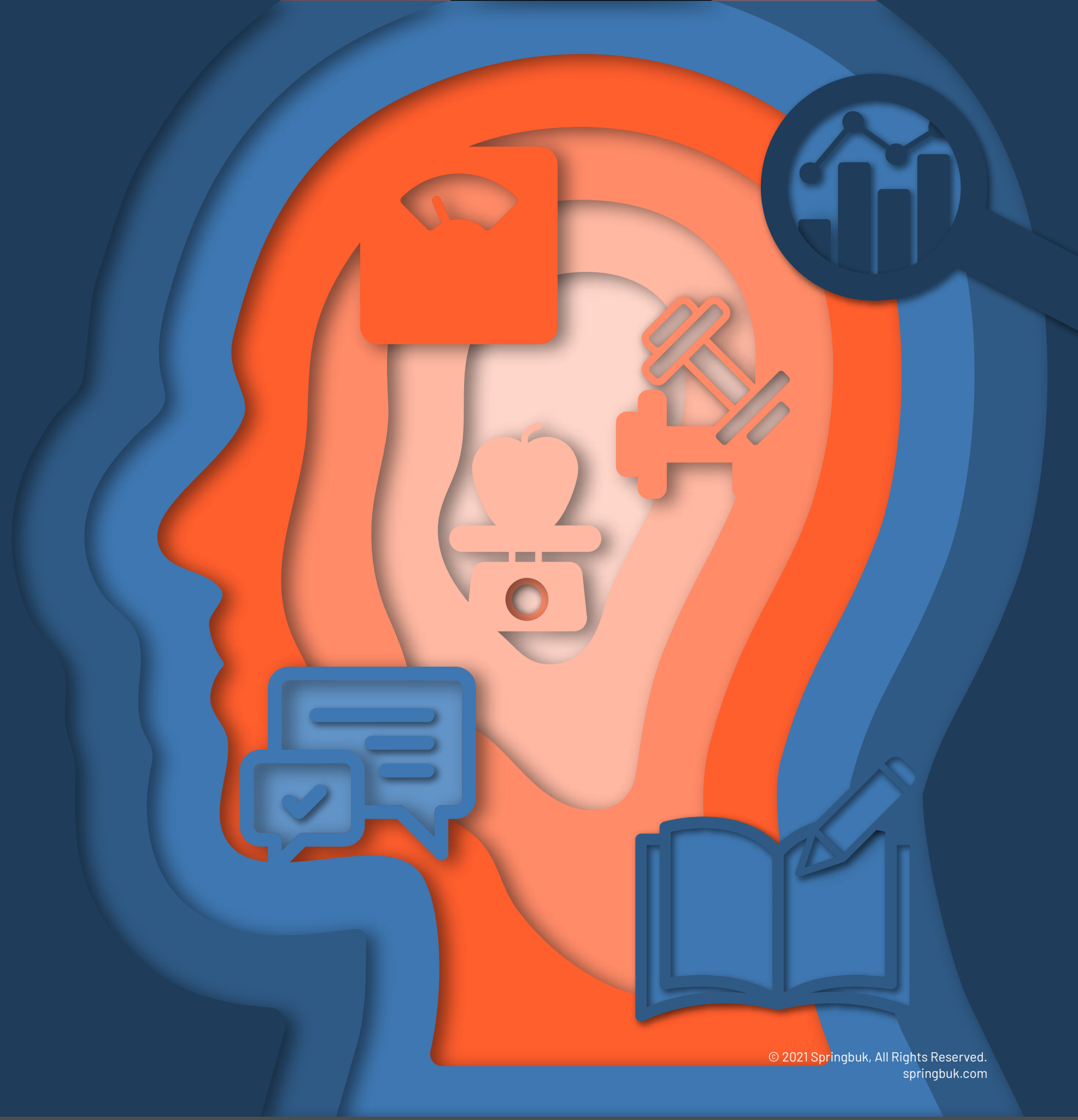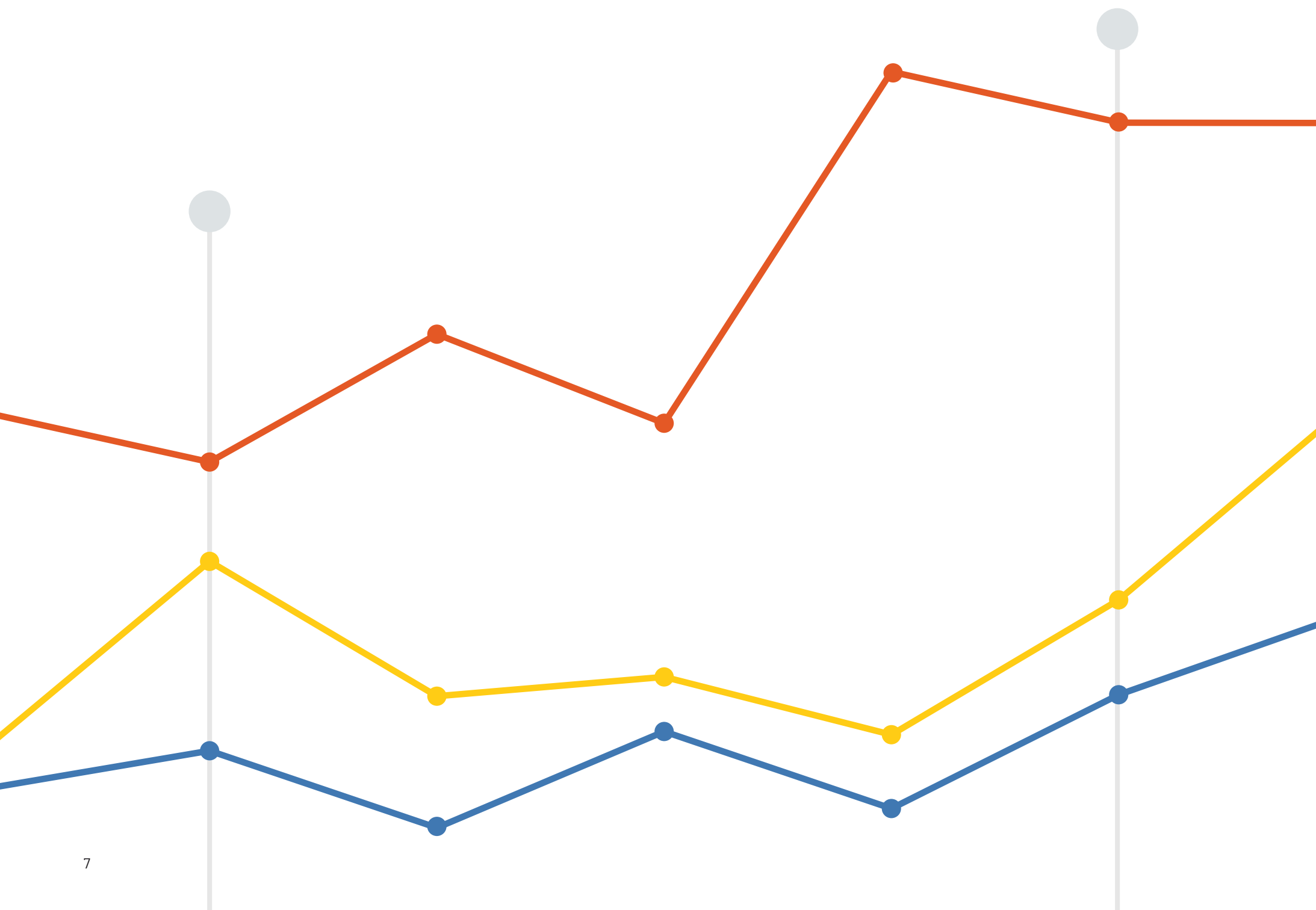
Timeline

ER Visits / 1000 Members

View Options Download New Event

■ Total Population   ■ Wellness Program: Enrolled   ■ Wellness Program: Not Enrolled

Success is different for everyone. Sometimes you can identify simple steps to modify member behaviors, such as a walking challenge over 30 days and monitoring the number of steps they've taken or weight loss goals achieved. Other times, it can take years to identify if a diabetes compliance program has helped mitigate the risk of members exhibiting pre-diabetic behaviors.

Springbuk Timeline™ is an intuitive solution that helps you see and tell the story of the interventions that have driven the greatest impact for your population's health, equipping you with the tools to:

〉 Compare the impacts of different types of programs or vendor solutions

〉 Isolate cohorts of members engaged in your programs and compare them month by month

〉 Assess health and financial outcomes of the plan design changes you've made

TO AVOID THIS MISTAKE
Expect this to be a process that unfolds over the long term – one tied to expected outcomes and evaluated using holistic, real-time data to deliver the best results.
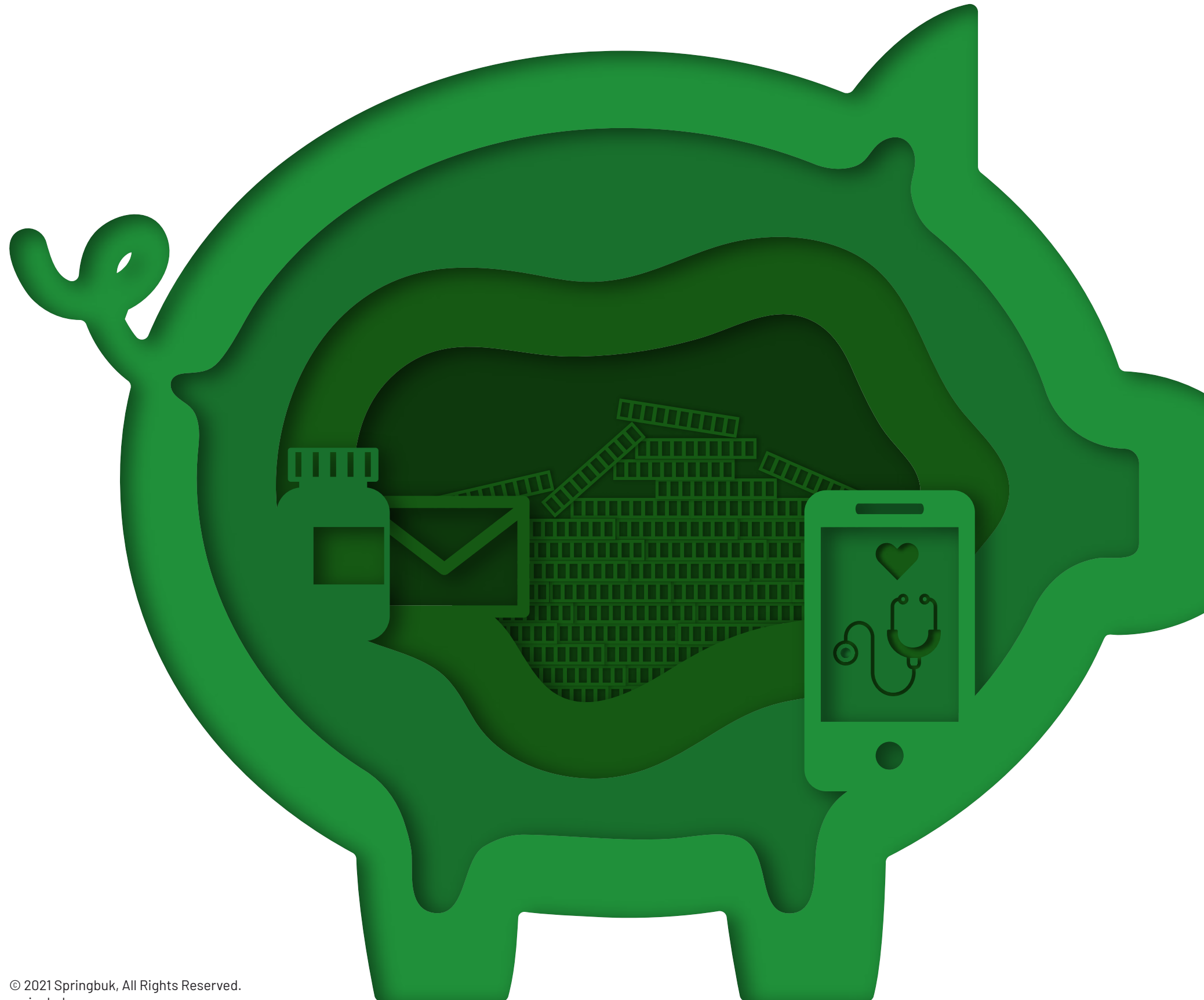
Making Interventions All About the Money

Population health interventions have been around for a while and were initially created to bring down the rising costs of healthcare that employers pay. Today, targeted interventions are most likely to succeed when anchored in the larger purpose of the organization and the kind of workplace they aspire to be.

The good news is that what's good for member well-being and the employee experience often has the additional benefit of achieving cost savings. For example, encouraging the use of telemedicine and urgent care over emergency room visits provides for a better healthcare consumer experience and avoids unnecessarily costly medical claims.

Likewise, encouraging the use of prescriptions by mail — with the purpose of supporting member convenience and prescription adherence — achieves well-being outcomes and provides a cost-effective approach to treating certain conditions.

It's also important to consider cost savings outside of direct healthcare costs, such as savings associated with improved productivity and decreased absenteeism. A population that is healthy is going to be more productive, which also affects the organizational bottom line.

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More broadly, **benefits leaders and brokers should explore the full range of key stakeholders for these initiatives** — including the CEO, CFO, CHRO, CMO, and business owner. Each of these roles may have their own unique goals in mind for a wellness intervention, and it's vital to surface these in advance. Knowing that early will make a difference in the research phase of designing the program — you'll have to determine the right metrics for each stakeholder.

Know what matters to each stakeholder and set your goals appropriately, so you know what to measure over time, and consider how that information is best reported based on their role. If that stakeholder is a CFO, you may think about how the intervention is impacting healthcare costs. On the other hand, a disease management leader may have goals around disease incidence reduction and may require biometric data that shows shifts in those related health indicators.

Measuring success is going to matter to whomever the stakeholder is for the intervention. Over time, you'll need to ask yourself:

  › Did the intervention solve a gap in care for the member population?

  › Were there fewer ER visits as a result of the program?

  › Did we address an underlying health condition and avoid more costly chronic care issues?

  › Is the population more productive and/or engaged as a result of the program?
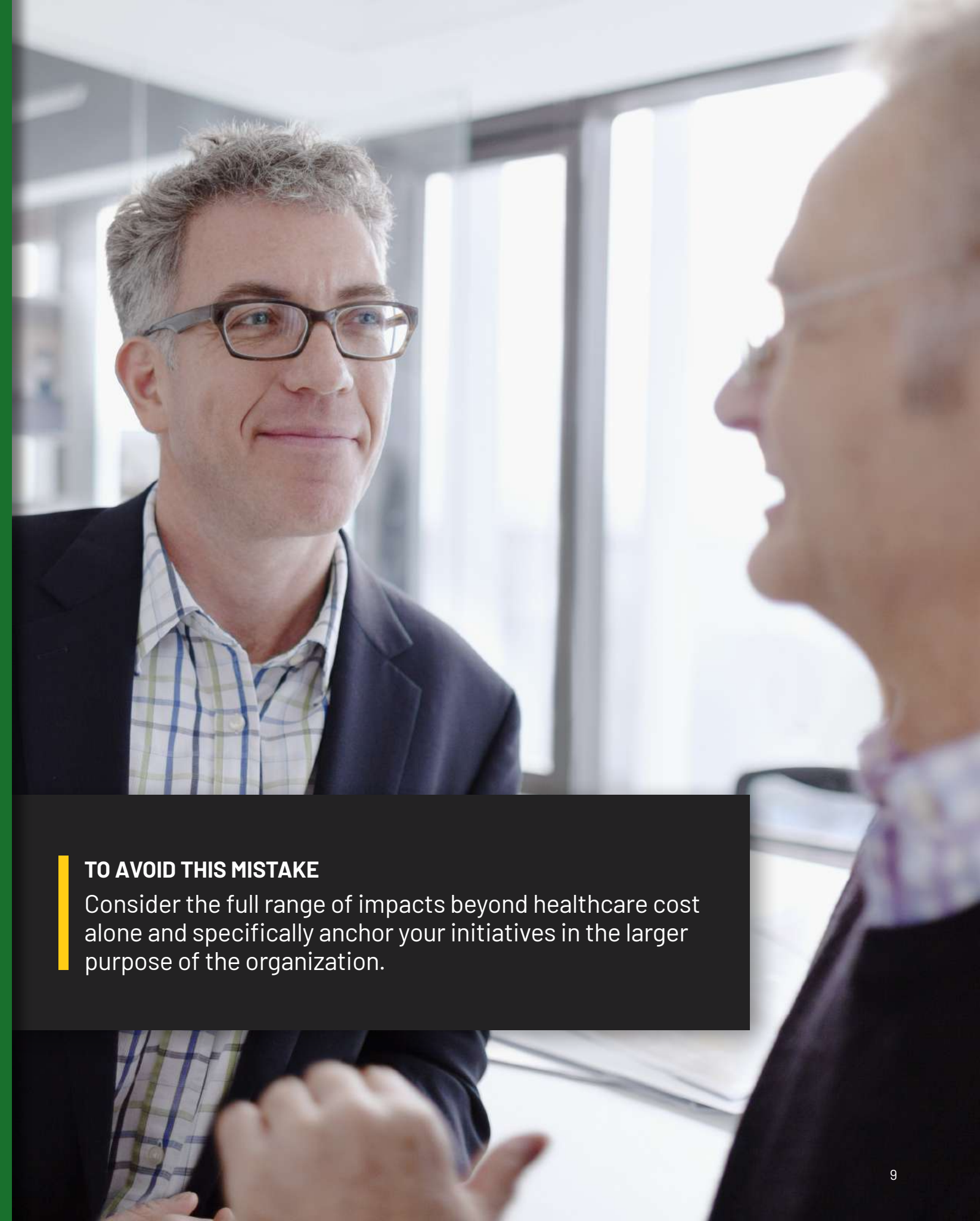
TO AVOID THIS MISTAKE
Consider the full range of impacts beyond healthcare cost alone and specifically anchor your initiatives in the larger purpose of the organization.

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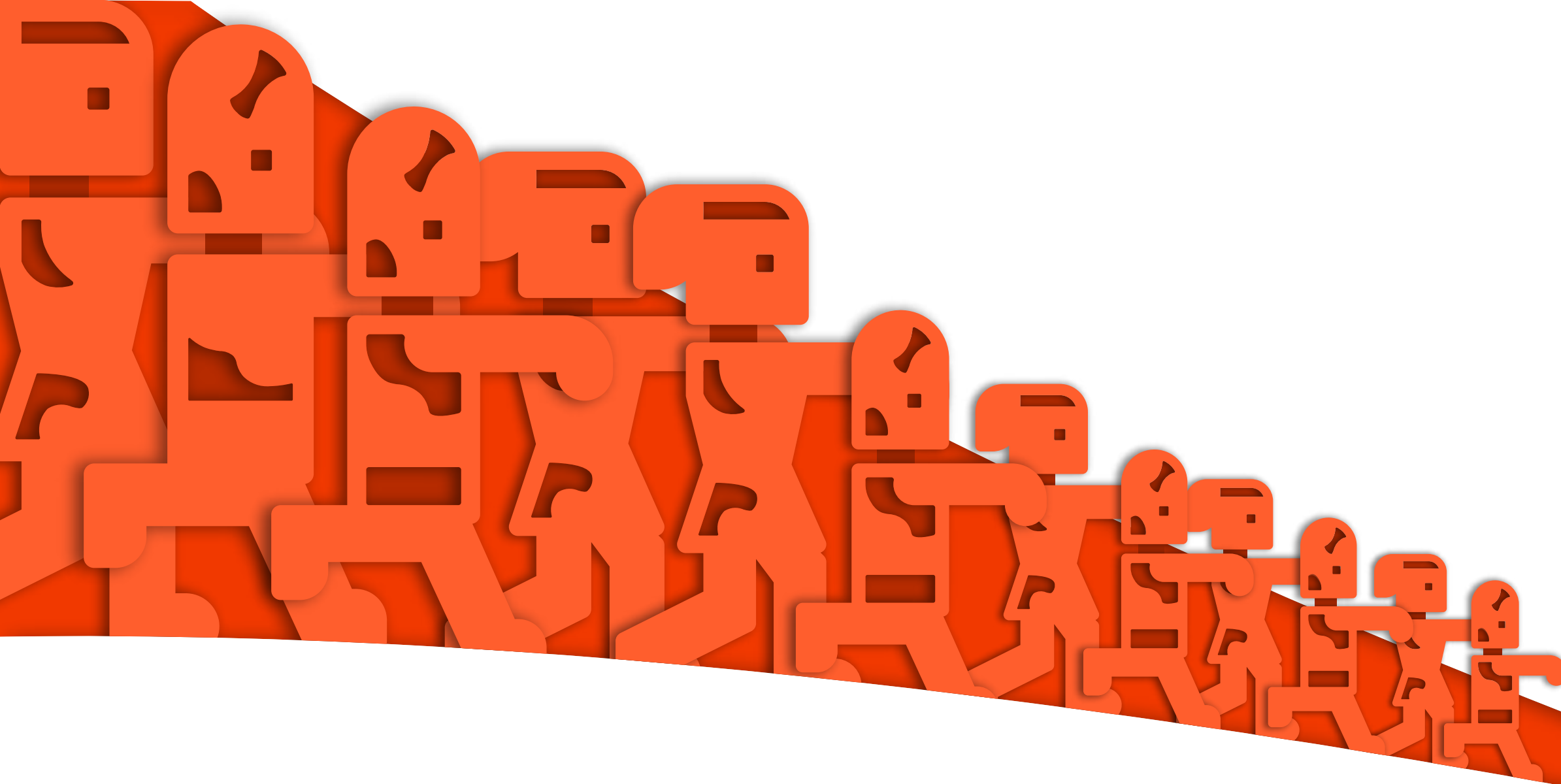
MISTAKE 4

Launch an Intervention and Then Let It Roll

You might think it goes without saying, but we continue to see "zombie initiatives" that have run their course — a steps challenge that's gone on too long or repeated too many times — and have lost relevance to the changing dynamics of the workforce. **You need to monitor your data early and maintain that effort to make sure you're keeping your program on track.** Modifications to your interventions are sometimes necessary to ensure successful outcomes.

Consider that member populations change over time. Retirements, new hires, and voluntary and involuntary turnover all contribute to changes in condition prevalence and risk profile changes in your population. That means baseline data changes. The organic nature of member populations and their behaviors requires diligence, sustained efforts, and periodic modifications to the execution of interventions.

Be mindful: If you're contracting with a vendor on a program, you need to check in frequently. Don't just wait till the contract is up a year later — be in control of your data to best manage your program.

Mapping your programs to data over time is the only way to adjust the program to align with the population in a manner that creates lasting behavioral change. Some interventions even require follow-up programs or phased approaches.

Often, interventions don't achieve their intended results in the first year because measuring the data, evaluating the program, and making modifications to match members' unique needs can take time. The ideal scenario is that an intervention achieves its original intent and leaders can shift their attention to other conditions, diseases, or needs.

TO AVOID THIS MISTAKE
Keep up with the data and let it help guide the continuation, modification, or conclusion of your program.

MISTAKE 5

Relying on Program Vendors to Measure ROI

Measuring ROI is the most desired program proof point but is seldom achieved with population health vendors. Many health solutions promise ROI, but they can't deliver financial proof because they don't have access to the right type of data. Even if you work with them for two years with hopes of seeing ROI by year three, you know they're not going to be able to deliver. That's frustrating.

The key to measuring ROI and results starts by partnering with the right health data analytics solution that can help you leverage all your data and show you where the value is, including:

〉 Population cohorts

〉 Medical claims

〉 Pharmacy claims

〉 Financial data

〉 Productivity data
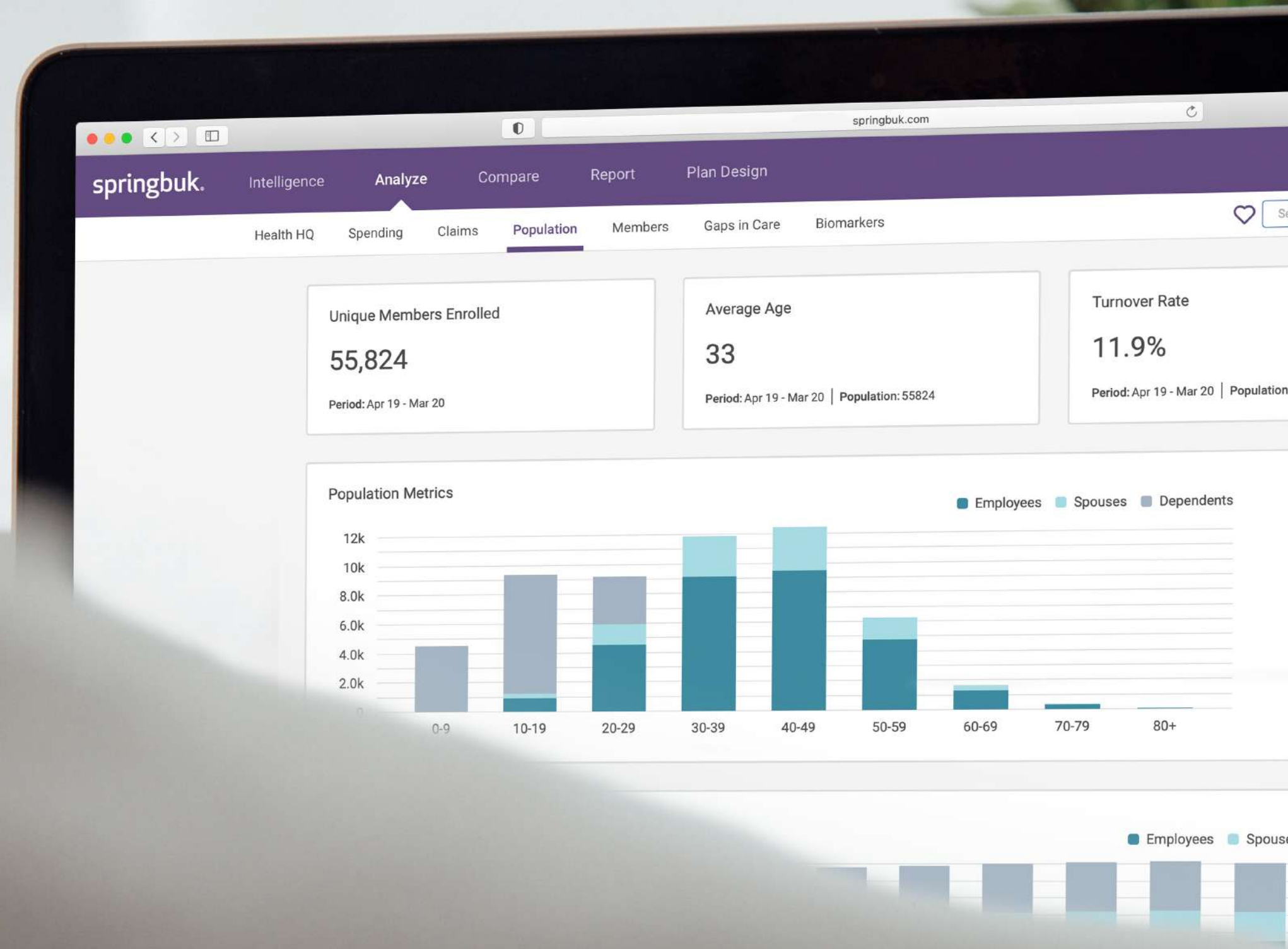
It's not only the type of data used, it's the cohorts of members being compared. You can learn how effective your program is by comparing similar cohorts of members who are engaged or not engaged with your programs. This lets you set new goals and objectives in subsequent years. But be wary of selection bias — utilize your data to make a deliberate decision from the onset of your program about whether members have to opt in to an intervention and what that might mean as you measure for results.

TO AVOID THIS MISTAKE
Don't rely on your program vendors to demonstrate their own ROI. That's a job better suited to the independence and unique capabilities of health analytics providers such as Springbuk.
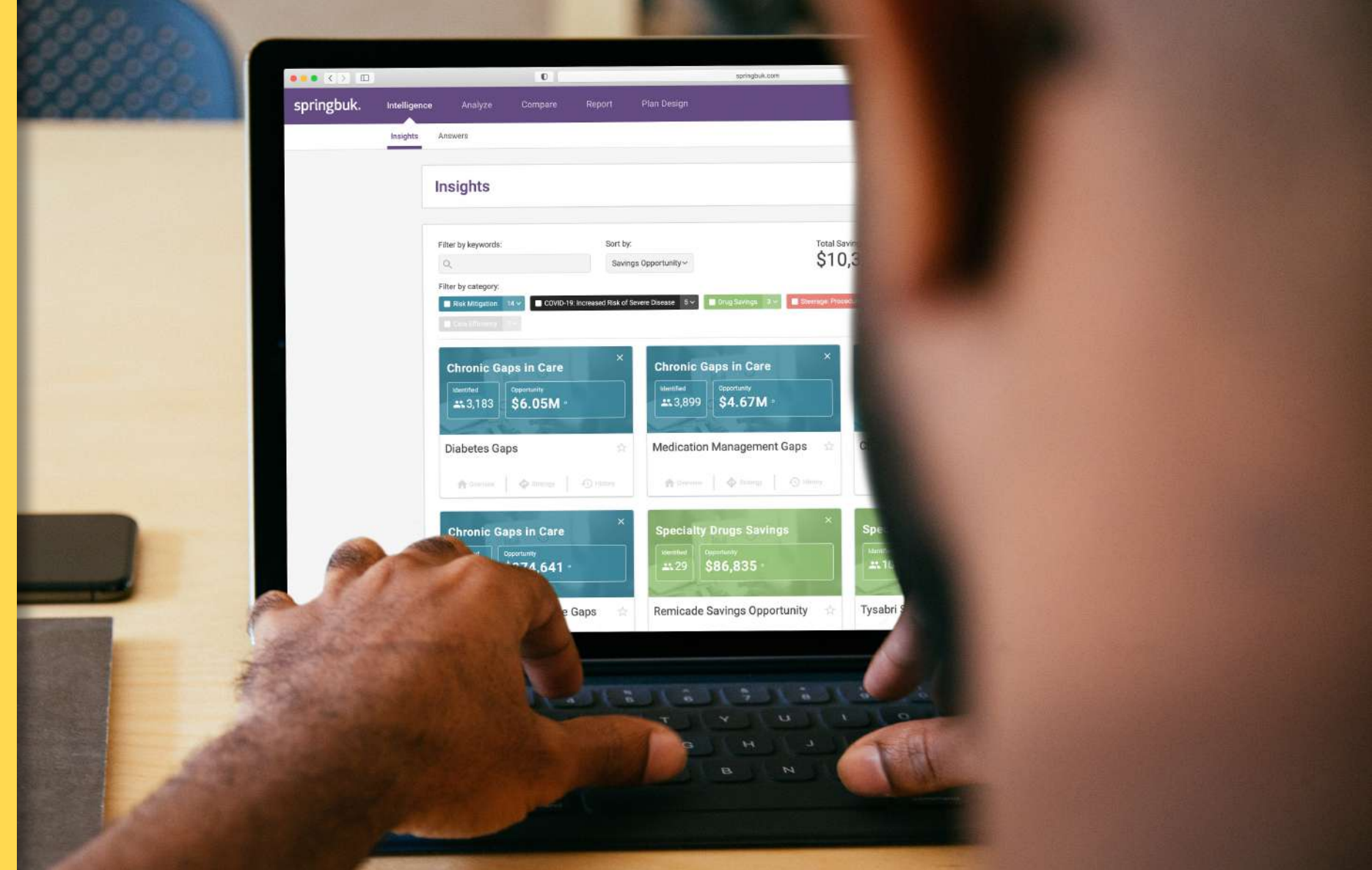
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Key Takeaways

Using your data in an objective, holistic manner is key to successful population health interventions. Working with a neutral party can help provide an unbiased, objective interpretation of the data. This is especially critical when getting a sign-off from key stakeholders within an organization.

Designing effective interventions requires deep, actionable insights into your members' risk profiles and gaps in care. That includes the context of broader health trends, social determinants of health, demographics, and a variety of other contextual information, as well as a deep understanding of healthcare benchmarks, trends, and insights.

Designing an intervention is about knowing both of those bookends — employee issues and needs and the right solutions to successfully shift behaviors.

Knowing when to set short- or long-term goals, what should be measured, and what changes to expect along the way are critical to making the right adjustments in your strategies and tactics. Mapping to achievable, meaningful goals can make a huge difference in well-being interventions that create healthier, happier, and thriving employees.

Deliver Programs That Improve Health Outcomes and the Employee Experience

Imagine a world where every healthcare and benefits program decision is backed and guided by data. Springbuk is the health data analytics solution that equips you with the insights and expertise you need to sharpen your benefits strategy, advance employee health, and contain costs. Unlike legacy data warehouses, we simplify data-driven decision-making with an intuitive user experience, predictive modeling, and curated action steps.

Springbuk — a world of actionable health intelligence insight, at your fingertips.

To see how Springbuk can help you design better, more impactful well-being interventions, request a personalized walk-through at springbuk.com/request.