Integrated Care and Well-Being

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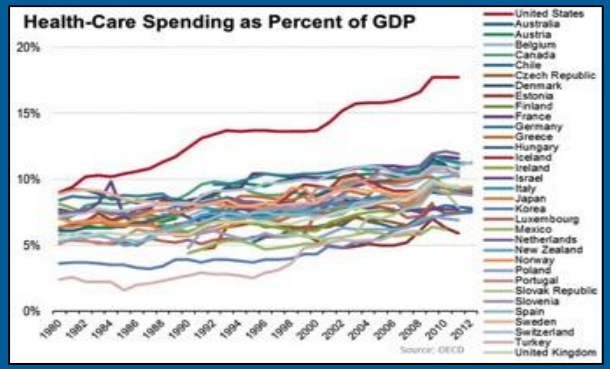
A Global Healthcare Challenge

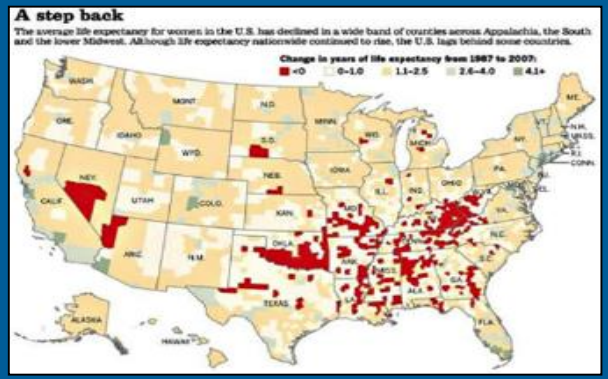
Healthcare costs are spiraling…

Healthcare costs have risen >2% above GDP for >50 years in all OECD countries



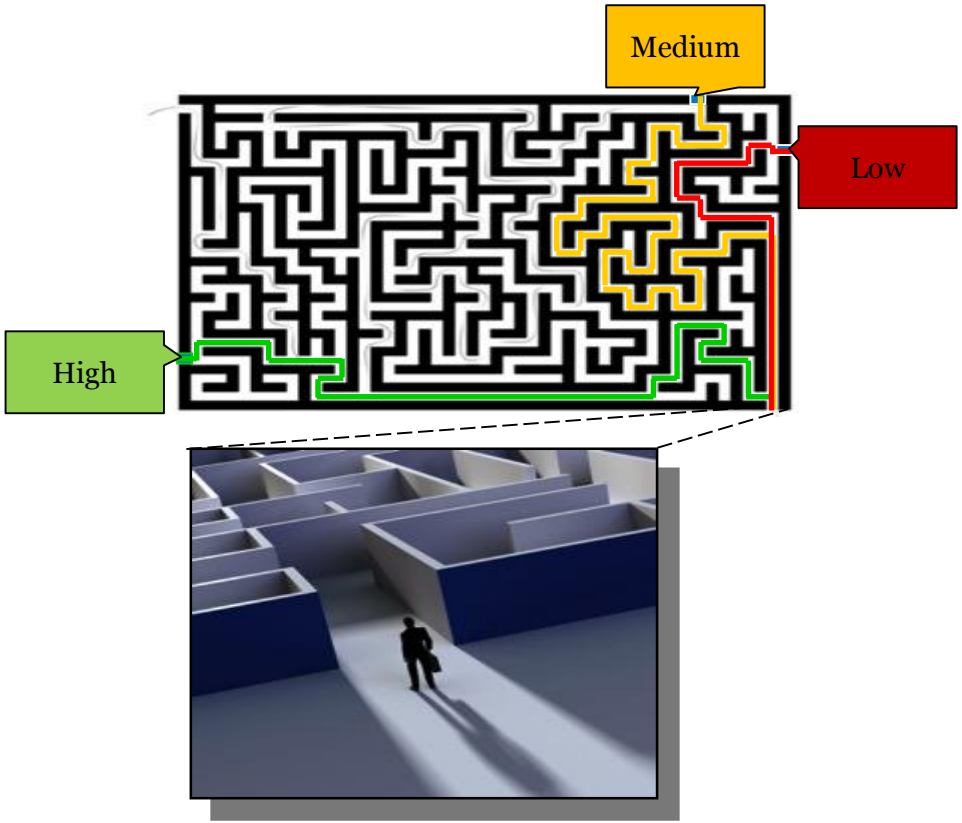
…as health outcomes plateau

In many markets life expectancy is falling for the first time in history



Disease burden today is dominated by chronic diseases

- 10,000s of small decisions every day, every year
- Frequent gap between how people would *like to act* and *how they really act*
- Key question is: How can we support everyday decision making to improve health and well-being outcomes?



“99% decisions are made by your auto-pilot which has a mind of its own”

Daniel Kahneman

Well-being improvement needs specialist science + engineering

From cutting-edge science…

through solutions engineered for impact…

Leveraging technology…

to individual well-being improvement.

Value creation and capture require proven capability along the data value chain

"Patient engagement is the blockbuster of the 21st Century"

Leonard Kish

Talk my language: A more human definition of health

Well-Being has five elements

Purpose > Liking what you do each day and being motivated to achieve your goals

Social > Having supportive relationships and love in your life

Financial > Managing your economic life to reduce stress and increase security

Community> Liking where you live, feeling safe and having pride in your community

Physical > Having good health and enough energy to get things done daily

Integration of health and social care *by design*

Increasing Well-Being means lower medical costs

⬆ Population Well-Being

1 Point =

⬇ 2.2%
likelihood of hospital admission

⬇ 1.7%
likelihood of ER visit

⬇ 1.0%
likelihood of incurring healthcare costs

Source "Evaluation of the Relationship Between Individual Well-Being and Future Health Care Utilization and Cost" *Population Health Management,* Volume 15, Number 00 2012. Patricia L. Harrison, MPH, James E. Pope, MD, Carter R. Coberley, PhD, and Elizabeth Y. Rula, PhD

Increased Well-Being means higher productivity

Workforce Well-Being

10%

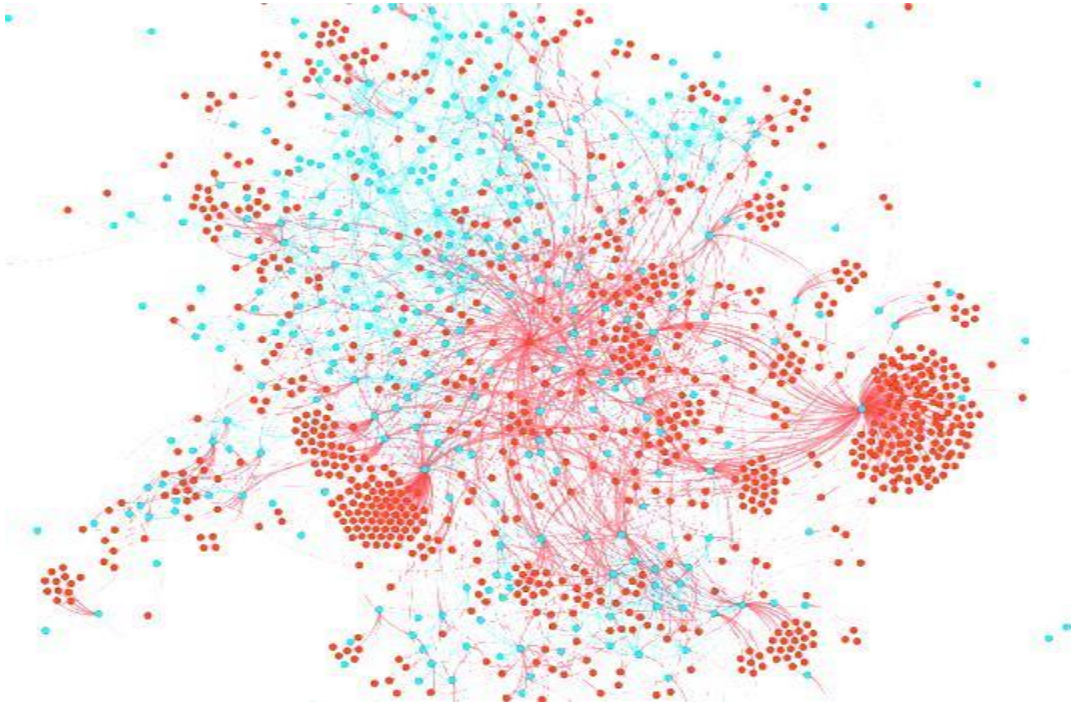
- ↓5% fewer unscheduled absences
- ↓24% lower presenteeism
- ↑5% higher reported job performance
- ↑6% more days of 'best work' in 28-day period

Source "Evaluation of the Relationship Between Individual Well-Being and Future Health Care Utilization and Cost" *Population Health Management,* Volume 15, Number 00 2012. Patricia L. Harrison, MPH, James E. Pope, MD, Carter R. Coberley, PhD, and Elizabeth Y. Rula,

Example 1: MeYou Health

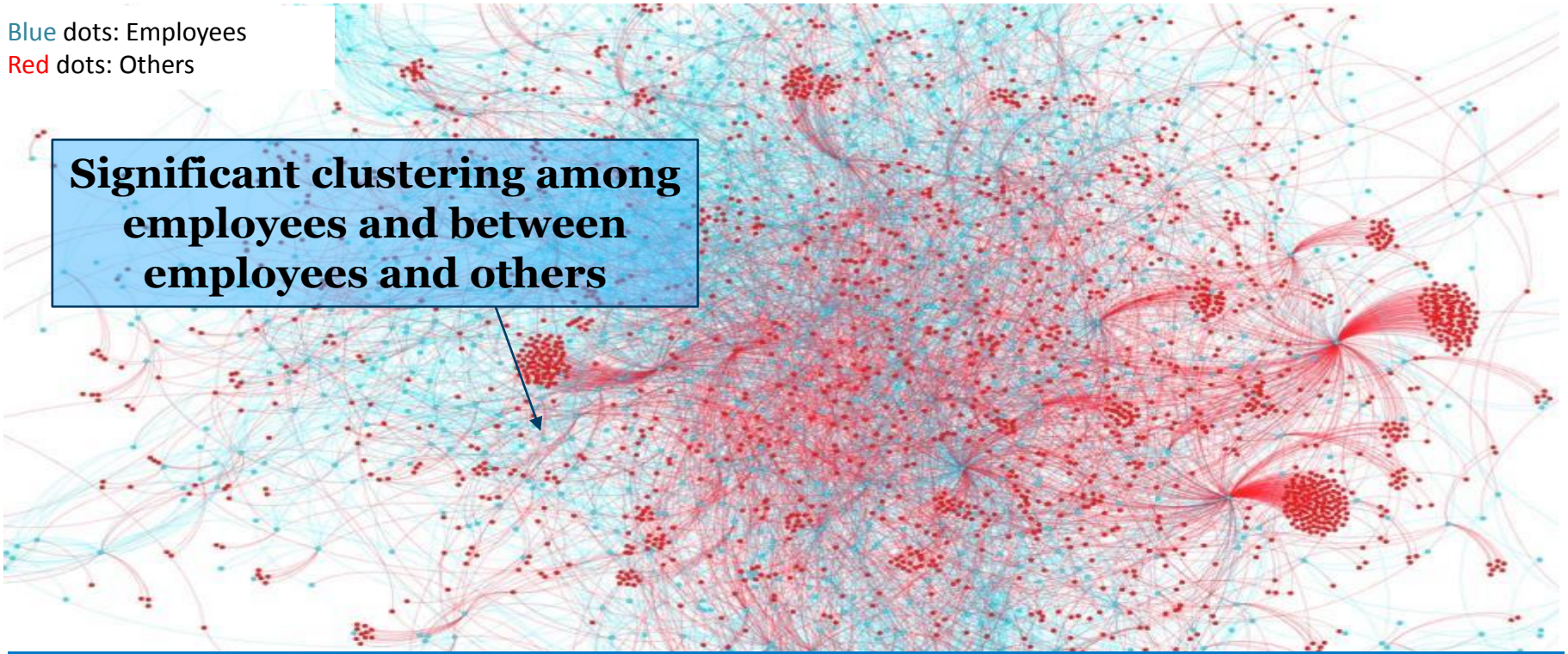
Large Employer – August 2012

Blue dots: Employees
Red dots: Others



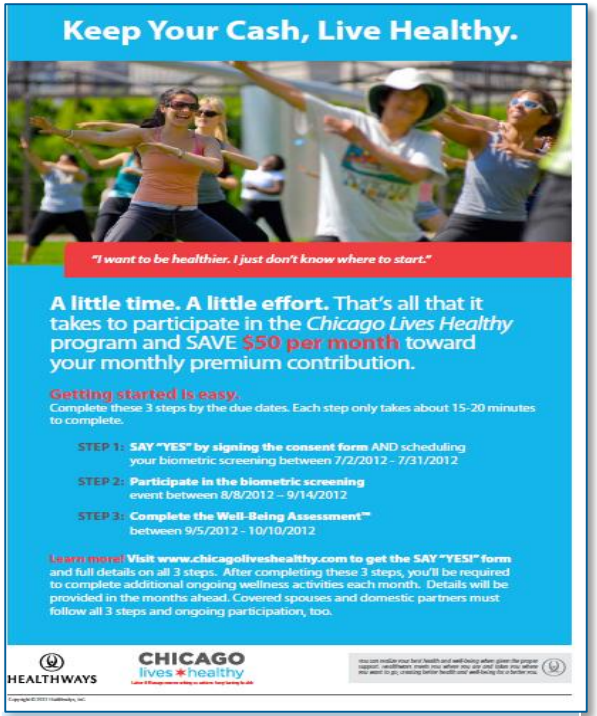
Example 1: MeYou Health

Large Employer – April 2013



Boost engagement by employing social networks

Case Study: City of Chicago



Posters

YEAR 1

Unprecedented engagement of the program, including:

- **82%** **PARTICIPATION IN THE BIOMETRIC SCREENING** (71,018/86,990)
- **82%** **PARTICIPATION IN THE WELL-BEING ASSESSMENT** (71,678/86,990)
- **23%** **PARTICIPATION IN TELEPHONIC COACHING** (16,374/71,018)

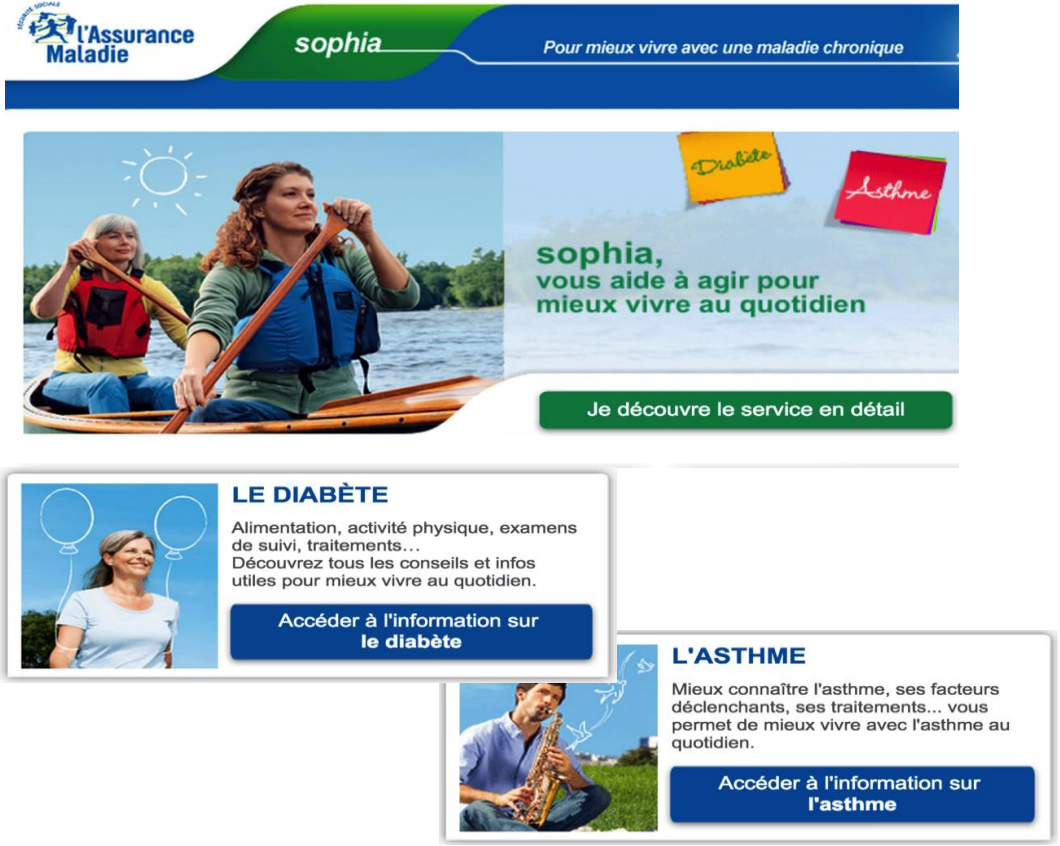
YEAR 2

We increased participation levels for the three events:

- **83%** **PARTICIPATION IN THE BIOMETRIC SCREENING** (66,089/79,178)
- **85%** **PARTICIPATION IN THE WELL-BEING ASSESSMENT** (67,222/79,178)
- **31%** **PARTICIPATION IN TELEPHONIC COACHING** (20,753/66,089)

Case Study: France CNAMTS

Largest disease management programme in Europe



- CNAMTS is biggest health insurer in France (86% population ~50m members)
- In 2011, Healthways signed Disease Management contract "Sophia", focused on diabetes initially
- >600,000 enrolled patients today
- Programme now expanding to other chronic diseases, e.g., asthma and chronic heart failure