Dear Reader:

American businesses are the largest providers of health coverage in the United States—approximately 150 million Americans receive private sector employment-based coverage. Although there is no silver bullet for controlling health care costs, workplace wellness programs are one solution to improving our nation’s health. These programs take many forms—on-site clinics and fitness centers, chronic disease management, nutrition seminars, and health risk assessments.

The U.S. Chamber of Commerce has been a leader in touting workplace wellness and health programs. It has shared best practices in several publications such as Leading by Example; Healthy Workforce 2010 and Beyond; and Workplace Wellness Programs: Promoting Better Health While Controlling Costs. Also, during National Workplace Wellness Week, which occurs the first full week in April, the Chamber hosts an annual forum emphasizing trends in workplace and community wellness initiatives.

The Chamber supported legislation, ultimately included in the health care reform law, permitting employers to provide greater financial incentives to employees and family members participating in wellness programs. As of June 2015, the Equal Employment Opportunity Commission promulgated proposed regulations that would threaten the viability of such programs by imposing, unfortunately, additional requirements.

At the Innovations in Workplace and Community Wellness: Bridging Personal and Population Health forum in April 2015, topics of discussion included innovative workplace wellness programs, how implementation of the Patient Protection and Affordable Care Act is impacting public health, and strategies to influence behavioral change.

The Chamber will continue to highlight the importance of workplace wellness programs and would like you to join our efforts.

Sincerely,

Randel K. Johnson
Senior Vice President
Labor, Immigration & Employee Benefits
Event Summary

The U.S. Chamber’s Labor, Immigration & Employee Benefits Division hosted its seventh annual wellness program, Innovations in Workplace and Community Wellness: Bridging Personal and Population Health, on April 7, 2015, at the U.S. Chamber of Commerce. The event highlighted strategies that employers use to help employees improve their health as well as community initiatives to foster a sustainable movement for healthy outcomes.

Opening Remarks

Randy Johnson, senior vice president, Labor, Immigration & Employee Benefits Division, U.S. Chamber, touted the benefits of workplace wellness programs. He said, “Employers need to talk about all the good things that are happening in innovation in the health care sector, including wellness programs.”

Opening Keynote

Jonathan Ballard, M.D., M.P.H., M.Phil, ambulatory services medical director, Department of Family and Community Medicine, University of Kentucky College of Medicine, provided a brief overview of Kentucky’s experience with the Affordable Care Act. According to an analysis by Deloitte, which examined the impact of the health care reform law in Kentucky, the percentage of uninsured adults declined from 20.4% to 11.9% in the first full year of implementation.

Most of the coverage expansion in Kentucky came from Medicaid. Owing to pent-up demand of health care services, the study noted that new enrollees in Medicaid are more likely to have high cholesterol and high blood pressure, chronic obstructive pulmonary disease, asthma, and depression than those in the traditional program. Individuals who were previously uninsured have started receiving...
treatment for chronic conditions but are less likely to be getting preventive care. Dr. Ballard said that as a leader of an outpatient health care system, the objective of health care is for individuals to purchase insurance so that they can get preventive care.

Ballard stressed that employers can help improve health outcomes as community leaders and purchasers. Top-performing businesses have incorporated value-based reimbursement mechanisms to reward high-quality providers. Employers are also key participants in community partnerships, leveraging financial resources and talent to foster an environment conducive to good health. Ballard concluded, “We are in a transformative period for health care in the United States and in Kentucky. Many players are working toward providing better care to individuals and populations to reduce growing costs.”

A Conversation With the Experts

Michael Barry, CAE, executive director, American College of Preventive Medicine, introduced the panelists:

- Ron Goetzel, Ph.D., senior scientist and director, Institute for Health and Productivity Studies, Johns Hopkins Bloomberg School of Public Health and vice president, consulting and applied research, Truven Health Analytics

- Raymond Fabius, M.D., co-founder of HealthNext and principal of Ab3Health LLC
Dr. Ron Goetzel said that well-designed workplace wellness programs share these components:

- Leadership commitment
- Specific goals and expectations
- A healthy company culture
- Employee-driven design
- A communications strategy
- Smart incentives
- Effective screening and triage
- State-of-the-art interventions
- Effective implementation
- Measurement coupled with evaluation

Goetzel summarized, saying that “workplace health promotion programs do work if they are done right.”

Dr. Raymond Fabius said that the objectives of workplace wellness programs are to keep healthy people healthy, treat acute illnesses quickly, minimize complications for those with chronic conditions, and provide centers of excellence and compassionate care for those with catastrophic illnesses. To build a culture of health, businesses should cull data from their health plans and combine these with payroll data and productivity metrics to understand the health risks of their population. Fabius said, “Ultimately, if people take good care of themselves, the reward is good health.”
The Triple Aim: Integrating Physical, Emotional, and Financial Well-Being in Program Design

Kevin Crain discussed five key takeaways of Bank of America Merrill Lynch's workplace benefits report on financial wellness:

- The role of human resource professionals is quickly changing
- Incentives are a critical tool that employers use
- A total rewards portal provides holistic information
- Health care costs are beginning to moderate
- Millennials are reshaping how companies deliver employee benefits

Crain said, “Financial wellness is becoming the most important benefit that businesses can provide. There is a need for a financial literacy campaign so that employees can understand the plans they are choosing.”

Beena Thomas said that employer wellness programs with multidimensional components such as physical, financial, emotional, and social health are becoming the norm. She said, “Businesses need to have a long-term strategy of...
at least three years. Programs that are multiyear and closely aligned to the organization’s business objectives are more successful compared with an initiative that is offered once per year such as a health risk assessment.”

Michele Dodds discussed how Preventure has provided technical assistance to its client Colonial Pipeline Company in setting up its workplace wellness programs. Dodds said, “At Colonial, the approach taken is one employee at a time. By investing in each employee’s health, Colonial has spent a lot of time creating a culture of wellness. Senior leadership has led by example by participating in wellness activities, and the organization has created wellness ambassadors to sustain engagement.” As a result of its outstanding efforts, in 2015, the Atlanta Business Chronicle recognized Colonial Pipeline as the No. 2 Healthiest Employer in the large company category in Atlanta.

Dr. Qaiser Mukhtar, Centers for Disease Control and Prevention (CDC), emphasized that physical activity contributes to overall well-being. The CDC defines physical activity as 150 minutes of moderate or 75 minutes of high-intensity aerobic activity combined with at least two sessions of muscle training and frequent stretching per week. She said that because one-third of Americans are physically inactive and 155 million Americans work, the workplace offers a great opportunity to invest in physical activity. Mukhtar said, “Our vision for the next generation of well-being is to make walking activities at worksites part of the norm.”

Dr. Bob Carr presented on emotional health. According to Carr, emotional health is an emerging research trend in the wellness field. He added, “Fundamentally, for mental positive well-being, understanding your purpose in life is important. There is room for positive change if businesses understand the drivers underlying mental well-being and can help individuals change their behavior.”

**Millennials, Medical Care, and Mobility**

Jim Winkler, senior vice president and chief innovation officer, Aon Health, introduced the panelists:

- Katrina Lerman, associate director, Communispace Health
- Daniel Stein, M.D., M.B.A., director of medical and clinical services, Walmart
- Mark Fendrick, M.D., director, University of Michigan Center for Value-Based Insurance Design

Jim Winkler, senior vice president and chief innovation officer, Aon Health, says that the United States is entering a new era of health care—the era of the person.
Katrina Lerman presented on Communispace Health’s study *Healthcare without Borders: How Millennials are Reshaping Health and Wellness*. The study found that millennials (aged 18 through 32) are not satisfied with the health care system, and they are more likely to seek care and advice from a wide range of resources, including the Internet. The study also pointed out that millennials are also more likely than baby boomers to rely on apps and wearable technology to quantify their health. Lerman said, “Employers will succeed in engaging millennials when they understand and work with their mind-set by giving them the tools for self-independence.”

Dr. Daniel Stein spoke about the development of Walmart Care Clinics. Walmart has introduced a pilot of primary care clinics in a total of 17 stores in Georgia, South Carolina, and Texas. Walmart Care Clinics have as their main focus physical and wellness exams, management of chronic conditions, lab testing and immunizations, and acute care. Stein said, “Walmart’s difference is our pricing model. For associates, there is a $4 fee; for our customers who use the clinics, there is a flat rate of $40 for each office visit.”

Dr. Mark Fendrick talked about how to design health insurance benefits to get value, i.e., Value-Based Insurance Design. If co-pays for procedures or prescription drugs proven to be clinically effective are set at reasonable rates, individuals are more likely to use such services. Fendrick said, “If we are going to convince providers to move toward paying for value and volume, the business community should structure plan offerings so that beneficiaries can access procedures and drugs that have been demonstrated to work effectively.”
Changes in Industry Practice: Implications for Community Partnerships and the Development of Breakthrough Medicines

Richard (Rich) Cooper, vice president, emerging issues & research, U.S. Chamber of Commerce Foundation, moderated a panel on how the health care reform law has impacted the private sector. The panelists were as follows:

- Rosie McStay, M.P.H., director, government relations and community benefits, Texas Children’s Hospital

- Bert Bruce, vice president, rare disease commercial development, Pfizer Inc.

- Thomas Felix, M.D., R&D policy, global regulatory affairs and safety, Amgen Inc.

Rosie McStay discussed the development of the Community Health Needs Assessment (CHNA) as required by Section 90007 of the Affordable Care Act. McStay said, “In Texas, the CHNA recognizes mental and behavioral health as an untapped need. In addition, the number of providers in the community is really shrinking. Texas leads the country in the number of uninsured, but we still have to continue to grow the pipeline.”

Bert Bruce spoke about commercial drug development for the rare disease segment. Rare diseases are individually rare but collectively common. The definition in the United States of a rare disease is any condition that affects fewer than 200,000 people nationwide, such as sickle cell disease.

According to Bruce, there is tension in the health care system between rare disease advocacy groups and providers about how best to develop and administer specialty drugs. Rare disease advocacy groups want to get specialty drugs quickly to the market, while physicians want to make sure that the drugs are effective.

Bruce said, “When you have a small patient population and a need to develop innovative medicines, which are costly, what occurs is a cycle where the drugs need to be commercially viable to sustain further drug development. At the end of the day, stakeholders need to come together to achieve viable solutions.”
The Affordable Care Act created a pathway for the Food and Drug Administration (FDA) for biosimilars, which Dr. Thomas Felix discussed. Similar to generic drugs, the Affordable Care Act defines a biosimilar as a biologic coming off-patent and intended to be highly similar to the original biologic reference product. Biological products are made from living organisms, whereas conventional drugs are made of pure chemical substances.

According to Felix, the role of states is to pass laws allowing pharmacies to make substitutions. He said, “Going forward, the role of the FDA is to ensure accurate traceability of biosimilar products and ensure that when a product is substituted, that such a procedure is done after thoughtful intention.”

Bert Bruce, vice president, rare disease commercial development, Pfizer Inc., says that including stakeholders—advocacy groups, patients, providers, and businesses—is critical when formulating an action plan to treat patients with rare diseases.