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EDITOR'S LETTER

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Santa, CEO

The holidays are among us. There is nothing like the smell of pine from your Christmas Trees, holiday cheer in the air and the return of Starbuck's Peppermint Mocha. We also can't forget the ridiculous lines outside of Apple for the new iPhone, confused and frightened seasonal staff at Target and the return of your carpal tunnel from one to many Amex swipes…

During this chaotic time of year, I think of the employer and the employee. With the end of 2011, comes a time of uncertainty and change for employer healthcare. The challenges an employer must face and the reality an employee should anticipate is enough to make anyone wish Santa would stay in the North Pole.

Speaking of ol' Saint Nick, Santa is not just a joyful gift giver for children. Santa is an employer, a boss; C.E.O of "Workshop, Inc." If we step outside the realm of thinking Santa is simply for the holidays and consider him as a year round entrepreneur with overhead and employees, we can relate to his fears coming ahead in 2012 and into the future for 2014.

Media headlines instill fear in healthcare coverage with words such as, "Big" and "Change." This kind of buzz has most certainly reached Santa's Elves, dedicated employees over at "Workshop, Inc" for centuries. Like many companies facing rising medical costs and new expenses tied to healthcare reform, Santa will consider steps such as charging higher contributions for dependent coverage and dropping retiree accounts to reduce bottom lines in 2012.

A report from Human Resources Consulting firm, Towers Watson, found that more than a quarter of companies polled plan to drop retiree health plans in 2012 for some employees. Picture it - faithful Elves of Santa, employed since the slinky and pet rock were in production - in jeopardy of potentially losing retiree health plans.

Santa has a lot to consider with his current benefit offerings to Elves. With critique from Mrs. Clause, without a doubt he could also raise employee contributions for dependents and impose penalties and surcharges on ineligible spouses. The Elf, with his child fresh out of college and a permanent resume on CareerBuilder, will pay more than ever for his family to be covered. If this doesn't slow down toy production, I don't know what will. On trend with other employers, Santa may also take an interest in the well-being and health of his employees to reduce cost. The Towers Watson Report found that despite the large plunge into Corporate Wellness Programs, engaging employees in voluntary disease management, smoking cessation and weight loss programs is still challenging.

To protect the wellness investment, companies may have employees complete a health risk assessment as a requirement to receive health benefits. With this newfound interest for the Elves to stay healthy in order to maintain health coverage, the assembly line can thrive, potentially putting Toys R Us out of business. Perhaps with the success of his wellness program in 2012, maybe Santa can lead by example…

Kris Kringle has more on his cookie plate than simply December 25th. Along with the thousands of American companies, he has to consider his financial future in 2012. In turn, his Elves, like the millions of American employees receiving health coverage by their employer, have legitimate fears for the future of their health and well being.

Rest assured, whether you are the "Santa" or the "Elf," Benefits Live will continue to dedicate focus, inform and educate our readers on everything you need to know about employer healthcare in 2012.

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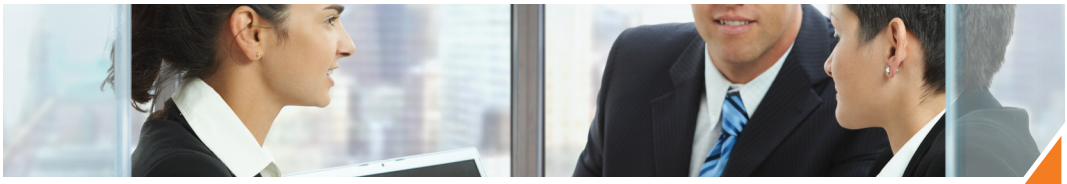

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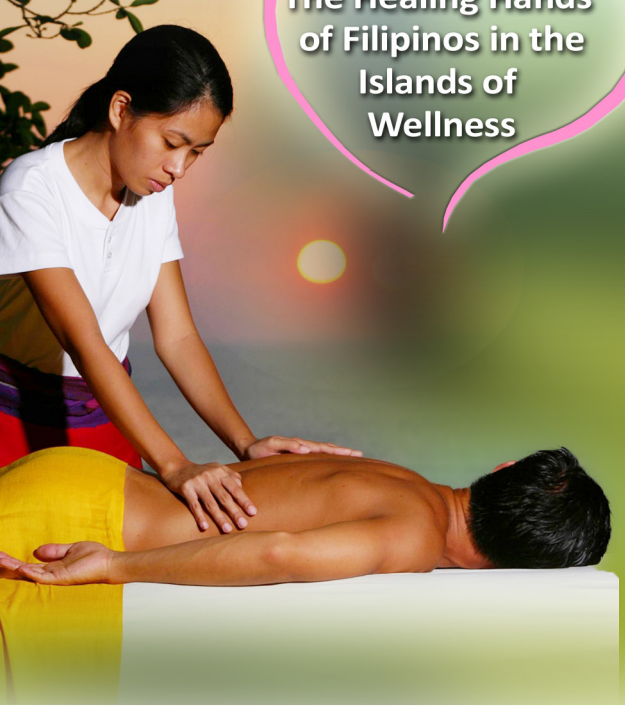

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Don’t Let Holiday Chaos Overstress You

Written By
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Thanksgiving through New Years is a very busy time for most of us. The additional stress of the holidays gets piled onto all of your ongoing responsibilities and can drain your energy, not to mention your patience! In the frenzy of this time of year you can bring some calm and even creativity to the chaos.

Use Quiet Mind Thinking

A technique I call, Quiet Mind Thinking, is a wonderful tool that can be used any time to increase your focus, creativity and at the same time, reduce your stress. This technique is very useful when you are having difficulty coming up with ideas for anything from planning a holiday party to a work project. It’s very beneficial when your mind is simply too full of stuff from all your responsibilities to focus effectively. You’ll need some relaxing music, a quiet place to relax with no interruptions, paper and a pen.

- **Set aside a block of time** (10 to 15 minutes should be enough; 5 minutes is better than none) to think quietly. Make sure you do whatever you must to eliminate possible interruptions.

- **Identify ahead of time what your focus will be.** Are you trying to write a speech? Come up with a marketing idea? Plan a party?

- If possible, put on some **relaxing music.** This isn’t imperative but it certainly is helpful.

- **Close your eyes and do some deep breathing** for a couple of minutes to relax yourself and slow down your brain. Focus on nothing but relaxing until you feel your body starting to let go (relax).

- **Have a pen and paper ready.** Allow yourself to think only about your focus. When distracting thoughts come into your mind, gently push them aside. Say to yourself, “Oh well.” Return to relaxing and deep breathing. If the distraction was something important, write it off to the side of your paper. Return to only thinking about your focus in a relaxed way.

- **As thoughts come to you about your focus write them down in a relaxed way.** You can’t force these thoughts. Simply allow them to surface. After writing them down, return to relaxing. Jot more thoughts as they come to you. After several minutes you’ll usually have much if not most of what you need to consider for continuing on with your project.

That's all there is to it. The more you practice this technique the more success you will get from it. By relaxing you allow ideas to surface that are already inside you. When your brain is on over-drive it's hard for these to get through.

I recently presented this technique to a group of advertising executives. They were sure it wouldn't trigger more creative ideas for their ad campaigns than their tried-and-true more hyper-techniques. However, after a few minutes of *Quiet Mind Thinking* all were very impressed with the totally new ideas that surfaced! And it's a much more relaxing way to get great results!

To bring some order to your chaos, slow down your brain and let the great ideas surface!

Let Positive Values Guide You Through Holiday Stress

Holiday frenzy can also distract you from what is truly important in your life. You'll stay focused on the important things better while reducing your stress if you let your positive values guide you.

Values give meaning to who you are. They define you. They can help you make decisions and set priorities and limits. For example, if you value family relationships more than money, you will make decisions that favor family over money.

There are many positive values such as honesty, loyalty and healthy living. At this time of year with so much time being spent with family and friends other positive values may take center stage: love, peace, acceptance of others, patience, sense of humor, kindness, generosity, faith, forgiveness, and relationships.

Let your positive values de-stress you by being conscious of them during stressful situations. For example, if you become upset when someone pushes in front of you in a grocery store line, you are allowing your frustration to be more important than your positive values. To de-stress, bring your positive values of "patience" and "acceptance of others" to your conscious mind to help you "forgive" that person for pushing in front of you.

As you madly dash around buying last minute gifts and just the perfect items for your holiday meals, rather than getting into a frenzy, focus instead on the people you are doing this for and ask "why" are you doing it for them. Your values show up in your answers.

• Ask yourself, "Why am I doing all of this?" Your answer may be, "Because I love to see the looks on everyone's faces when they see the decorated house. It brings me joy to please those I love." In this example the values of "pleasing others", "love", and "relationships" are present. If you feel truly blessed in pleasing others these are probably positive values. As you are pushing yourself to get everything done, remind yourself consciously that you are doing this for the people you love and allow the joy of pleasing them de-stress you.

• Sometimes your answers to this question will point to stressful values such as perfectionism or meeting others' expectations of you, like:

1. I'm doing this because I should;
2. Because no one else can do it as well as I can;
3. Because if I don't no one else will;
4. Because everybody expects me to;

If your pleasing others is more obsessive and fear-driven (if I don't please them then I am a failure) it is a negative value. These answers indicate a martyr-type perception that can only lead to holiday stress. Ask yourself:

1. What do I want to do (versus have to do)?
2. What do I prefer to see happen (versus what should I make happen)?

• Pursue what you want and prefer to do versus what you should or have to do. This can begin to soften your rigid rules that are stressing you.

The holidays are a potentially wonderful time of year. Love of family and friends and commitment to religious beliefs can buffer you from stress in your day-to-day life. Let your holidays be more meaningful and less stressed by allowing your positive values to guide you.

A New Year's Resolution to Reduce Your Stress

If I could wave a magic wand and create a successful New Year's resolution, it would be to reduce daily stress by problem solving on what's within your control and coping with what is beyond. An inordinate amount of energy is spent, by most people, on fussing about things that are beyond their control especially other people and how they "should" and "shouldn't" be. When you try to change something stressful that is beyond your control, guess what happens to your stress level it goes up!

In general, things beyond your control include other people, their personalities, habits, reactions, health, the weather, traffic, taxes, the overall economy, etc. It's within your control, however, to change your own reaction to these situations to reduce your stress.

You have many options in coping with the things beyond your control. The best coping skills are ones you can use when you are face-to-face with your stressor. For example, let's say you and your partner are at a New Year's Eve party and he's (or she's) talking and laughing too loudly. It's embarrassing to you. His behavior is a reflection on you.

But, his behavior is beyond your control. Your reaction to it however is within your control. To cope, you'd need to accept and tolerate his behavior. Coping skills that

could help include deep breathing as you affirm, "He's more demonstrative than I am and that's fine. I love him as he is." Repeat this to yourself whenever you find yourself judging him negatively. You could also find and appreciate the humor in it. You could ask what your embarrassment says about your ability to unconditionally love him (although save this for another time so you can enjoy the evening).

Ultimately, it all boils down to what you think. Wherever your thoughts are going, that is where you are going. To cope, you must replace embarrassed thinking with thoughts that will help you accept. Embarrassed thoughts lead you to embarrassment while accepting thoughts lead you to acceptance.

Next, what's within your control includes your own choice of reactions (emotional reactions included) and your thoughts. Problem solve on the areas of your stressor that are within your control. In the above example (as in all situations) you have three general options:

- Do something different to try to bring about a different outcome;
- Leave the situation;
- Accept it and cope with it;

Let's say you decide to change your reaction. To do this, you first need to know how you typically react. Let's say you generally glare at him when he's loud to communicate to him to be quieter. Wishful thinking is not a stress reduction skill; so do something different! Identify your options that within your control. You could assertively and with sensitivity explain why you think he should be quieter and how it makes you feel when he's not. Perhaps offer a compromise that if he contains himself for tonight you'll change something he finds embarrassing or irritating about you. Offer him a reward. The options for solving problems are limited only by one's creativity.

No matter what your stress, serious or trivial, identify what about it is within and beyond your control. Cope with what is beyond and problem-solve what is within your control. The New Year will be much less stressful for those who increasingly do this.

Happy Holidays & Happy New Year

To successfully use my *Quiet Mind Thinking* technique, to live your positive values, and to focus your problem-solving energy on what's within your control you must remain conscious of when you are starting to get carried away by your holiday pressures. Each time you see yourself getting sucked into a stress whirlwind, take a deep breath and remind yourself of what's truly important: that irritating person in front of you taking too long to pay for their purchases or your appreciation for the meaning of the season? It's a choice that's always within your control.

About the Author

Jacquelyn Ferguson, M.S., earned her Master's degree in Community Counseling/Psychology from her home state of Minnesota. In 1982 she founded InterAction Associates, her speaking and coaching firm.

Order her 2010 published book, Let Your Body Win: Stress Management Plain & Simple and request her weekly, published, emailed column, Stress for Success, published in a Gannett Newspaper, at www.letyourbodywin.com.

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Written By
Fiona Gathright
President, Wellness Corporate Solutions

Out With the Old! In With the New!

Creating New Year's Resolutions for Your Wellness Program

A new year provides the opportunity to look at and learn from the past; New Year's resolutions offer us the opportunity to reach for our potential.

What better time to assess your company's wellness program and resolve to make changes to increase engagement to help your employees meet their health potential. While many employers look at the kick-off as the start of the new year, ongoing participation, engagement and buy-in oftentimes drops off after the excitement of these events. As 2012 begins, seize the opportunity to look forward. Draft a set of wellness program resolutions designed to reflect past successes and make program changes to increase engagement and ROI throughout the year!

Resolve to Celebrate Success

Congratulations on leading your company for 365 days of wellness! Before you define your resolutions for 2012, take the time to evaluate and celebrate 2011 wellness program milestones. While these successes and lessons learned provide valuable benchmarks for the coming year, do not forget that the core mission of a wellness program is to create a culture of health. Take the time to celebrate success and recognize achievements in creating a healthier and more productive workforce.

Resolve to Increase Senior Management Visibility

Success starts at the top. The most successful programs are taking place at companies where the CEO and C-Suite are solidly behind the program and are extremely vocal in championing the wellness program and are willing to share their own personal success stories. Create 2012 goals for senior management and your company's Wellness Committee and Wellness Champions to ensure that they are dynamic, diverse and engaged for the coming year. Healthy, engaged employees are happy, productive employees. And it starts at the top.

Resolve to Make Healthy Choices Easy

The most common barriers to wellness program participation are lack of time, lack of interest, lack of awareness, lack of access, and privacy. Resolve to address these issues by making healthy choices the default option, so that time, interest, awareness and other barriers are broken down. Simple changes can be implemented, including serving healthier foods at meetings, in the cafeteria, and vending machines. Policy changes can be considered, including making

the workplace "soda or candy free." Environmental changes can be instituted, including posting health and nutrition messages in places where employees will see them (elevators, restrooms, hallways, coffee stations) or installing bike racks, locker rooms and showers. Make it easy, and more people will participate.

Resolve to Get To Know Your Employees

When designing a successful wellness strategy, it is imperative to know your employees. Whether creating a new wellness program or revising an existing one, make a resolution to get in touch with your employees' health profile and interests. Ask for feedback from your Wellness Champions and senior management. Dust off your last employee survey and schedule small focus groups to obtain personal feedback, uncover barriers, and develop a program that is based on listening, learning, and understanding your employee population. Refresh key demographic and risk profile information so the year's program can be tweaked to provide participation opportunities to targeted individuals. As your employees adopt the wellness program and set personal goals, resolve to adapt the strategy to meet their needs.

Resolve to Communicate and Refresh All Year Long

A new year provides an opportunity to leverage the momentum of employees' personal New Year's resolutions to remind them that the wellness program is available to support their goals. Start the year with a campaign that highlights your wellness brand and communicates information that educates employees, provides updates, and recognizes past success. Embark on a strategy that encompasses a yearlong communications roadmap that reflects national health observances, local community health initiatives, and company-wide wellness objectives. Resolve to evaluate your company's use of technology (intranet, website, Twitter, or Facebook), wellness committees and champions, on-site meetings, and communications to allow employees to share information, motivate each other, and stay connected. Engagement is fluid – plan a campaign that anticipates the lows and leverages the highs.

Resolve to Have More Fun

Companies tend to focus on the launch of a wellness program – with a wonderful kick-off event, great communications, and lots of enthusiasm – but then drop the ball on the back end. Resolve to refresh your program, add new components, and keep people excited to participate. Wellness shouldn't be serious all the time. Companies should keep it fun, fresh and exciting by sponsoring corporate, departmental, or team challenges; offering incentives and giveaways for meeting goals; holding walking meetings; and other fun initiatives. Incorporating fun and freshness into your wellness program is energizing and can provide incentives for employees who would normally shy away from participating.

Resolve to Encourage Personal Goals

Personalized goal setting increases your chance of success. This year resolve to encourage employees to set achievable goals so that they can experience early success and the rewards that come with that success. While these early successes will build competence and motivation, establishing harder goals keep employees challenged and growing. To promote success, offer support in pursuing goals by providing tools, resources and encouragement consistent with the wellness program's structure. Health coaches, health and wellness portals, and wellness challenges are examples of the wide range of resources which enable employees to set goals and track their progress. Giving employees the ability to monitor their progress over time can be highly motivating and go a long way to establishing a culture of health.

Resolve to Recognize Wellness Champions

Successful wellness programs rely on the commitment of Wellness Champions who act as the company's front line in promoting and engaging their colleagues. Resolve to reward, recognize and engage your Wellness Champions by evaluating the ROI of the wellness program and reporting on Wellness Champion metrics. Benchmarks designed on wellness program components provide effective measures for Wellness Champion success and allow for feedback for the coming year: program participation by location, use of wellness portal, attendance at onsite speakers, changes in risk profiles, participation in fitness and corporate challenges. To keep Wellness Champions engaged in 2012, develop an annual program that includes scheduled conference calls/ meetings, training, and an established feedback process to help keep these champions connected.

Wellness programs are designed to help employees identify healthy lifestyle choices, improve their health, contain health care costs and increase productivity and retention of healthy employees. That's a lot to accomplish in a year! As companies reflect on the success of 2011 in meeting these goals, developing a set of 2012 resolutions provides an opportunity to leverage the excitement of a new year to create and maintain a culture of health.

About the Author

Fiona Gathright is President of Wellness Corporate Solutions (WCS) http://wellnesscorporatesolutions.com, an award-winning, woman-owned business specializing in high-touch wellness programs. Fiona writes a popular blog "http://corporatewellnessinsights.com", is sought after for her expertise in wellness, and serves on the board of the Institute for Human Resources and the Alliance For Workplace Excellence.

Health Tips for the Holidays and New Year in the Workplace

Written By
Sherri Hoffman
Private Practice Dietitian and Independent Health Coach with Take Shape for Life

The holidays can bring a lot of joy, but they can also bring lots of stress! An already over-stressed workplace can be even more hectic, with employees taking time off to be with their families, increasing the workloads for those left holding down the fort. Here are some tips to help get your employees through the holidays with good health, good morale, and encourage them to look forward to working for you in the New Year.

Remember the wellness policy at your workplace. If the policy has guidelines on the types of food that should be shared at work for meetings or other functions, make sure these guidelines are enforced throughout the holidays, too. The holidays are often a time where unhealthy food selections are at every workstation. Employees bring in their children's Halloween candy to get it out of their homes. Gifts from other corporate partners arrive to show their appreciation for your relationship in the past year, but they do not include the wish for cardiovascular disease, an increased waist line, and type II diabetes!

Gifts that do not necessarily promote health do not have to be eliminated, but they can be stretched out for special occasions to avoid the entire workforce finishing them until they are gone in a matter of a few days. Put some in the freezer for later in the year, or have designated employees take them home to decrease excessive caloric intake at one time (save for a later staff meeting). Having excess high-fat and high-sugar foods for your workforce during an already stressful time does nothing positive for productivity. Overeating leads to unhealthy, tired, unproductive employees. Well-meaning gift givers often think more of something is better or shows more appreciation in our society, but if you have a small number of employees, that excess food will not show appreciation to their waist lines and cardiovascular disease risks. Perhaps baggies or other containers can be brought in so the employees may each take a small treat home to their families, clearing the food from the workplace. The gifts could also be donated to a soup kitchen or other place that feeds a large number of needy individuals (of course, not to encourage unhealthy eating in the less fortunate population, but to provide some calories to those that do not have access to nutrition at all). This promotes a sense of giving among your workforce and does not promote unhealthy habits. Food safety regulations must be adhered to.

Food options for the holidays can be healthy. Have a chef come in and prepare a healthy meal for your staff during their holiday party. If your workplace enjoys Chinese food, have someone come in and prepare a healthy stir-fry for everyone, allowing the employees to have a choice between beef, chicken, or shrimp in their stir-fry. If they enjoy Italian food, have a chef prepare a salad with olive oils, whole grain pastas, and various selections of healthy, tasty sauces. If selecting a particular cultural theme for your meal, include some interesting facts or traditions that these countries participate in during their holidays. If you have a very diverse workforce, take a vote and choose the top one or two to provide variety.

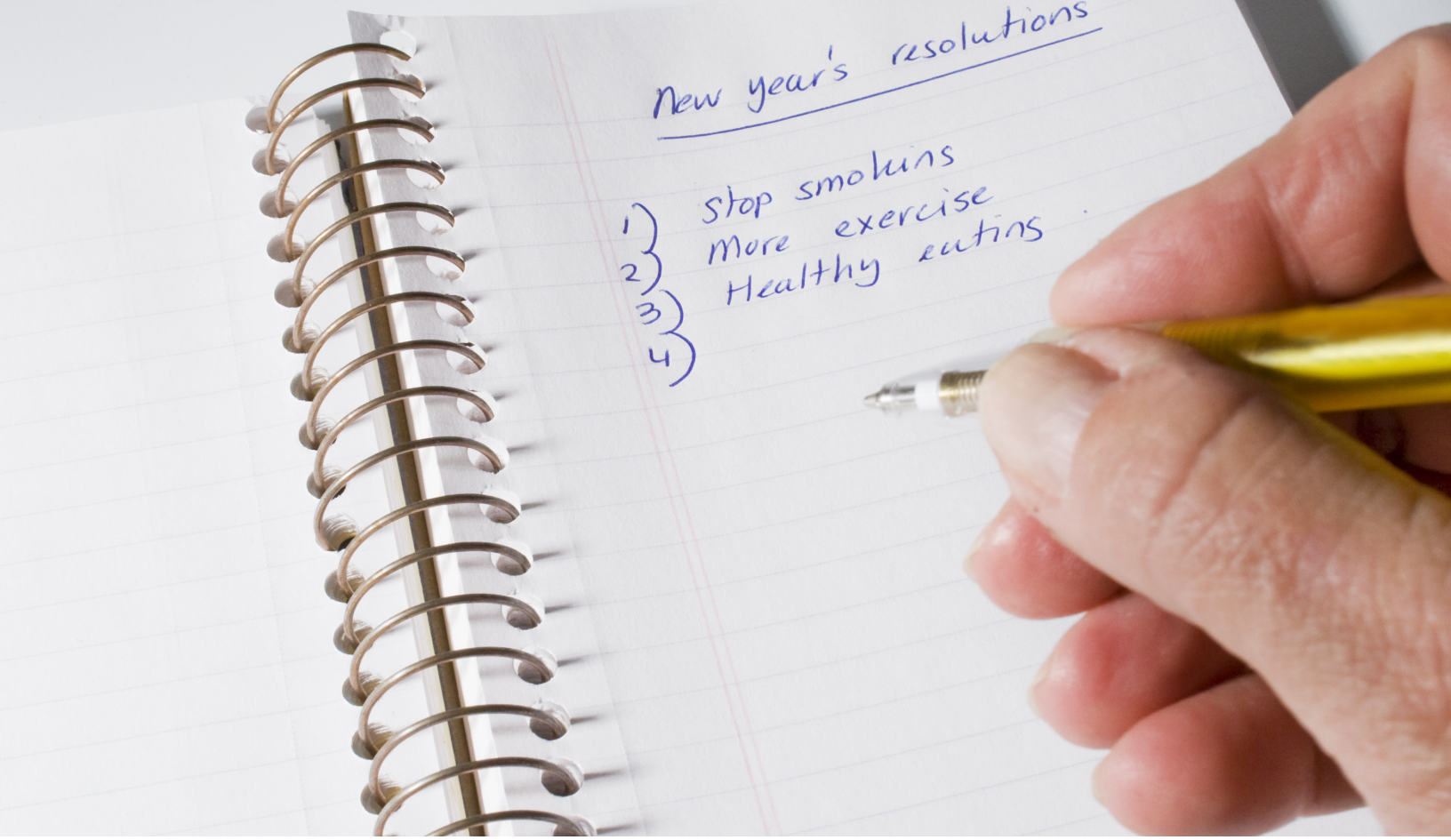
If your employees enjoy cooking and you have the facility for food preparation, organize a meal to be prepared by staff for staff. Healthy food preparation guidelines may be found on websites, such as The American Dietetic Association (www.eatright.org), The American Heart Association (www.americanheart.org), and various other health-related websites. Preparing meals together is another way to foster camaraderie, and preparing a healthy meal can give employees a sense of accomplishment, knowing they are responsible for keeping their workplace healthy.

A unique party or presentation for your workforce may include presenters on fun types of exercise, stress management and other ice breaker activities. Presenters can be located at many of your community organizations and may present for free or at a minimal cost. The Cooperative Extension Agency or Health Department may have staff members to do cooking demonstrations. The local YMCA or park district may have presenters on different forms of exercise. Even local gym owners may be willing to do a demonstration as a form of advertising for them and entertainment for your employees. If an exercise presentation is selected, perhaps it can be linked to a wellness initiative that your company has after the New Year. A four week exercise class to help with a weight loss incentive can be a positive thing for your employees. Exercise and laughter release endorphins and improves morale among employees. Happier and healthier employees make a much more productive workforce. Festive holiday music can be included to make the activities special.

If your budget is tight and you have employees with particular talents that are willing to present at other holiday parties, this can be a way to give a thoughtful gift without breaking your budget. For example, if you employ a personal trainer, motivational speaker, someone with musical talent or some other interesting subject area, see if they would be willing to do a presentation for a valued customer's workforce. If someone has a special talent or area of expertise, they are flattered when they are asked to present for others and share their talent or expertise (provided it is not in addition to their normal job responsibilities). I attended a group presentation where an instructor showed us an efficient way to decorate a Christmas tree, which I found to be quite interesting. It was not related to my career in any way, but I enjoyed the presentation. Every company offers something that is valuable to someone. Humor can be added to many topics to pep up presentations. Of course, you will want to show some extra appreciation to that employee, such as an extra day off or some other incentive.

If you are responsible for gift-giving, keep the health of those that you are giving to in mind. Edible gifts are popular, such as fruit displays, vegetable trays, and whole grain baked goods. Passes to area gyms or health clubs may be attractive to health-conscious individuals. Gift cards can be purchased to produce markets, health food stores, sporting goods shops, spas, and various other places that encourage health.

Provide gifts or incentives that lead into the company's goals for the next year. Many companies have weight loss challenges in January to kick off the



New Year. Purchase a large gift that multiple employees may benefit from. If your organization does not have a microwave or other cooking facility, consider buying a piece of equipment that employees can use for cooking at work, rather than going to the nearest fast food restaurant every day for lunch. This will likely save your employees money and very likely improve the nutritional quality of their meals, keeping the workplace healthy. If you have a television in your break room with a DVD player, purchase some exercise DVDs that the employees can check out and possibly do on their breaks or at lunch. This helps show the employer's commitment to the health of their employees. Provide your workforce with pedometers so they may start a walking program and track their steps. Comfortable office equipment to aid in back problems or soothing music in the break room to aid in stress management can show employees you care.

An overhaul of the vending machines or cafeteria area may be something your organization can look into for your employees in the upcoming year. If your vending machine is loaded with chips and other junk food, check with the vending company to see what healthier options are available. If your cafeteria only serves high-fat lunches, set a goal to offer at least one day where the employees can choose healthy options. It does not have to mean extra work for the staff. A baked potato or salad bar may be something different to try. Making fruit trays with yogurt or vegetable trays with low-fat dip, cheese, or deli meat could be easy for the staff to prepare, and healthier for employees.

If you don't have the facilities for your employees to prepare their meals at work and they do eat out often, check out restaurants with healthy selections and see if they will provide your employees with a buddy card. For example, some chains have cards where you get the 11th meal free, after you have purchased 10. If your corporation is large enough, you may be able to contact some large chains and see if they will consider allowing you to purchase the healthy option from their restaurant for a set fee (i.e., x number of baked potato coupons from Wendy's for x number of dollars).

Health is a challenge in our fast-paced society with the availability of low-cost unhealthy food selections and busy lifestyles. We cannot control what happens at our employees' homes with their nutrition and physical activity, but we can provide tools and incentives with little effort to make our workforces healthy and productive. Showing appreciation to your employees and concern about their health and wellness is a great gift that will provide your company with a positive return on its investment.

About the Author

Sherri Hoffman is a Private Practice Dietitian and Independent Health Coach with Take Shape for Life. Her specialties include weight management, where she holds a certification in pediatric and adolescent weight management and has several years of experience in teaching weight loss classes.

Written By
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Worksite Clinics – The Next Generation

A recent survey from Mercer found that work site clinics are becoming an increasingly popular way to control health care spending and even enhance employee productivity.

Until recently, work site clinics were largely popular only at Fortune 500 companies, however the trend is now spreading to local governments and mid-size companies of 250 or more employees.

Generally, the care received at the clinic is free to the member and there is an added convenience factor for employees. Work site clinics to date have primarily experienced their return on investment for the employer by providing more efficient care at the worksite clinic rather than paying claims from community physicians. However, the next generation of clinics are in the process of being rolled out and offers a more compelling value proposition and much greater associated healthcare savings.

The following are key concepts of this next generation of worksite clinics and how they will drive significant reductions in healthcare costs for employers.

Concept #1: At Risk Model

Worksite vendors are more increasingly willing to deliver these services with some portion of the compensation being at risk. The greater the savings to the employer, the greater the potential bonus for the vendor. In this model both the client and vendor have incentives that are congruent.

How these vendors are measuring savings or return on investment varies. The most accurate way to determine the saving generated from the on-site clinic is to compare the annual cost of health care (pmpy) for members eligible to use the clinic (“study group”) vs. members who are not eligible to use the clinic (“control group”). This provides the employer with a direct comparison of the two groups’ costs and a direct measurement of the savings.

Concept #2: Gaps In Care Analysis

Before the clinic even is launched, the employer benefits from powerful analytic software tools that can filter through the previous year’s claims data to

determine gaps in care for individuals and identify "high risk" members that require additional intervention. These high-risk members can be invited to visit the clinic and enroll in on-site programs designed to ensure quality care and improved outcomes.

Concept #3: Patient Centered Medical Home

The clinicians at the worksite clinic can build a medical home model program. The medical home model understands that chronic diseases require input from multiple providers and specialists and are often difficult to manage for providers as well as the patient. The worksite clinician can act as a coordinator of care ensuring quality, cost effective, evidence based medicine is delivered. In addition to educating the patient on their condition, the "coordinator" communicates to all physicians involved in the care of the patient. This program acts as a very effective disease management program with member engagement levels routinely above 80 percent. The worksite clinic enrolls members who are at high risk based on the analysis of gaps in care mentioned above. Common diseases that are coordinated include diabetes, heart disease, asthma, arthritis, and chronic pain.

Concept #4: Clinical Engineering

Traditionally employers have relied solely on the carriers to negotiate agreements with providers. However, these agreements are not necessarily in the best interest of the employer or the patient. Not only can more favorable pricing be negotiated from quality providers but also, the agreements have no quality guarantees associated with them. Worksite vendors have a unique opportunity to identify high cost procedures and hospitalizations and negotiate case rates directly with providers and hospitals with built in quality performance guarantees. Significant savings for employers and members as well as improved patient outcomes are the results of these arrangements.

Concept #5: Price Transparency and Patient Advocacy

Worksite clinicians, now armed with comprehensive pricing and quality metrics, can effectively act as patient advocates assisting members with making informed medial decisions. Patients, with the assistance of the worksite clinic, can comfortably choose a cost saving option for a diagnostic or clinical procedure knowing that they are receiving quality healthcare for the right price.

Concept #6: Predictive Modeling

Worksite clinics have the ability to attach current member health risks to future costs allowing the clinics to develop targeted wellness programs that zero in on future cost drivers. In addition, the clinic can provide useful healthcare budget estimates to the employer's benefits department when planning for next year.

Concept #7: Telemedicine

The worksite clinic is often not available for remote employees and dependents. Telemedicine, quickly becoming a mainstream method of care delivery, can address this issue. Telemedicine, via telephonic and two way video communication, can allow patients to receive medical evaluation and treatment. Not only can this be offered to members that do not have access to the on-site clinic, but also members with access to the clinic have a resource for after hours care.

Concept #8: Wellness

The clinic offers year round, on-site, integrated wellness programs that cannot only drive participation, but are very effective in modifying healthy lifestyle behaviors amongst members. Clinicians are being cross-trained as certified health coaches and up to 15% of the visits to the clinic are being utilized as purely health coaching sessions.

In summary, employers are looking for employee health solutions that offer a one-stop shop for effective healthcare cost containment. The next generation of worksite clinics promises to offer just this. The on-site clinic builds trust and relationships with members, which facilitates engagement in wellness, disease management, and patient advocacy programs driving improved outcomes and lower costs.

About the Author

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Unwrapping Credit Solutions for 2012

Holiday shopping has come to an end as the New Year approaches. Many of us are relieved the holiday rush has ended, yet feel anxiety as we wait for our credit card bills to arrive. The majority of people have noticed we reside in an almost cashless society. Credit cards are the form of payment most consumers choose. The question exists though is there really an option or has the past year been so financially straining that there is no longer a choice.

Unfortunately, the grim reality for many shoppers is that due to the economy they didn't have the luxury of purchasing gifts this holiday season with cash. Instead plastic was used and now shoppers are awaiting the statements to figure out the best way to pay down the debts.

To further show how credit cards have served as a financial lifeline, the Federal Reserve stated in May 2011 that the U.S revolving debt was 793.1 billion. Of that number 98 percent of it was made up of credit card debt. It sounds hard to believe, however looking at the statistics below confirms this finding to be accurate.

- There are over 1 billion credit cards in the U.S.
- The average household debt is $15,000.
- Average credit card debt per consumer is $3,700.
- 80 percent own a debit card, 78 percent credit card and 17 percent secured.
- 60 percent have a rewards card.
- Over 181 million credit cards holders in the United States.
- Experian stated 51 percent of the population has at least one credit card, and 14% have over 10 credit cards.
- Average age to obtain a first credit card is 20 years old.
- 50 percent of college students have more than 3 credit cards.

It is no secret that 2011 was a trying year for numerous people. Credit card debts will most likely increase in the following year and so will the debt level, however as a consumer you need to be educated and know exactly what you are signing

up for. Credit card applications by law must disclose all terms and agreements. The unfortunate part is most cardholders sign on the dotted line without reading any of the print. That is where the trouble begins.

You can use credit as needed as long as you know exactly what you will be paying for. The average interest rate on a new card is around 14 percent, while the default rates on some cards exceed 28 percent. If you ask the majority of account holders what their rates are they cannot answer that simple, yet important question. I urge everyone this year to reevaluate your credit situation. Look over the terms to which you have agreed to. Follow the tips below to be sure you are getting the best bang for your buck.

- Does your interest rate apply to new purchases only or to balance transfers as well?
- How long will the promotional rate last and will my interest rate be once that term has expired?
- Is there a monthly or annual fee for having the card?
- What are the penalties if I miss a payment or am late?
- What happens if I exceed my credit limit?
- If there are rewards offered how do I obtain them?

If you are already in an unfortunate situation with your credit situation, then there are ways to reestablish your credit score. The wonderful thing about the credit reporting system is that nothing is permanent. Too many people have watched their balances raise and their scores decrease over the past year. We have all heard numerous times how important credit is; yet many feel they are at a dead end in the credit world. The good news is this is simply not the case. Fixing credit doesn't happen overnight but with a little effort it is not an impossible task. Follow the tips below and you will notice your score rise over time.

- Pay all bills on time. Never miss a mortgage, or car payment this action will affect your score quickly and greatly. Payment history accounts for 35 percent of your score.
- Keep your credit to debt ratio 30 percent or below. Credit to debt ratio is a formula that the credit scoring agencies use. You can figure out your own out very easy. Let me give you an example. You have 1 credit card that has a credit limit of $1,000, that card has $400 therefore your credit to debt ratio is 40 percent. Your credit to debt ratio should be below 30 percent at all times. Credit to debt ratio accounts for 30 percent of your score.
- Do not apply for credit often. Each time you apply for credit it will affect your score in a negative way.
- Pull your credit report and dispute any inaccurate information. You can pull your credit report from each bureau once a year for free. This service is offered at www.annualcreditreport.com.

- In order to build credit you must use credit. Apply for one card and use it sparingly. Pay it off each month. If you are unable to get approved for a card then apply for a secured card. A secured card is where you put money onto the card and when you use it you make payments. If you fail to make a payment then the money you put down will be used. Be sure the secured card reports to all three credit bureaus. A secured card is a stepping stone to building credit and should not be used as a long term solution. Once you have built credit by using the secured card apply for an unsecured card.

One of the main reasons that people are increasing their use of credit cards is due to the job market we are facing. The U.S unemployment rate has stayed around 9 percent however the reality is it was closer to 15 percent throughout the year. The reason it never reflected that number was it did not take into account the people who stopped looking, or settled for a part time position.

United States banks have had a rough year financially as well. There have been numerous changes that have affected them, as well as their account holders. Countless banks changed their policies in 2011. The first announcements started around March that free checking was becoming a thing of the past. Many account holders were suddenly going to be charged a monthly maintenance fee that ranged from a few dollars to double digits. Over 60 percent of consumers no longer have free checking. Granted there are ways to waive the fees if you meet their criteria.

The other main news was the announcement in October that banks would start charging a monthly flat rate fee for using debit cards for purchases. Fortunately for debit card users, by November that was retracted and will no longer take effect, due to the number of irate clients. Not many people understood why that fee was going to be charged, which is why I believe there was such a backlash.

The fee was going to be charged due to an act known as the Dodd-Frank Wall Street Reform and Consumer Protection Act. Within this act there was the Durbin Amendment. This amendment limited the amount of money that banks could charge merchants for debit card purchases. All merchants pay a fee each time a debit card is used, which would explain why some merchants refuse to allow debit card as a method of payment on low amounts.

Banks have estimated they will lose over 6 billion dollars annually with the new law in effect. They were trying to recoup some of the funds by charging the monthly fee to the card holders. There is no cap on fees that banks can collect from credit card purchases so the banks were hoping that consumers would use credit cards instead of debit cards once the fee was implemented. It would have been a no lose situation for the bank since they would have collected a fee either way. If the cardholder used a credit card the merchant would pay a fee, whereas if the purchaser used a debit card the monthly fee would be collected from the accountholder. The banks cannot afford to take that loss, therefore be aware in the coming year of other “new” charges you may obtain on your account.

This past year has had its ups and downs. Americans witnessed history on August 5 when Standard & Poor’s rating agency downgraded the U.S credit rating to AA+ for the first time. That action caused Americans to lose a lot of money in the stock market and other financial investments. With that said though the United States of America is still the strongest nation out there and we as a whole accept any challenge we are given. We have proved over and over that regardless of the circumstances the U.S will succeed and people will live the “American Dream.” This new year will give America and its people the opportunity to move forward from the past and accomplish any goals that they may have.

About American Debt Counseling, Inc.

American Debt Counseling, Inc is a national nonprofit 501(c)(3) credit counseling company. ADC has over a decade of experience in assisting clients with their financial needs. We are licensed in numerous states. ADC has an excellent rating with the BBB and is BSI/ISO certified. Please visit our website at www.americandebtcounseling.org.

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Richard Peterson,
Regional Sales Coordinator
Independent agent representing Aflac

Written By
Barbara Howe
Vice President Voluntary Products and Services, UnitedHealthcare.

A Fresh Look At Voluntary Benefits

Employers face multiple challenges in providing competitive benefits – rising medical costs, a difficult economic environment, and uncertainty concerning the impact of last year's health care reform law.

Some companies are responding by curtailing benefits, but savvy brokers are advising their clients to take another route – supplementing benefits packages with voluntary products such as dental, vision, life, disability, critical illness, accident and other insurance. Voluntary benefits are increasingly playing a vital role in helping companies keep costs down while providing financial protection for employees.

Sales Opportunity

Currently, 57 percent of U.S. employers offer voluntary benefits, according to LIMRA . A recent LIMRA study found that the voluntary-benefit market has held relatively steady for the past four years and is now poised for growth:

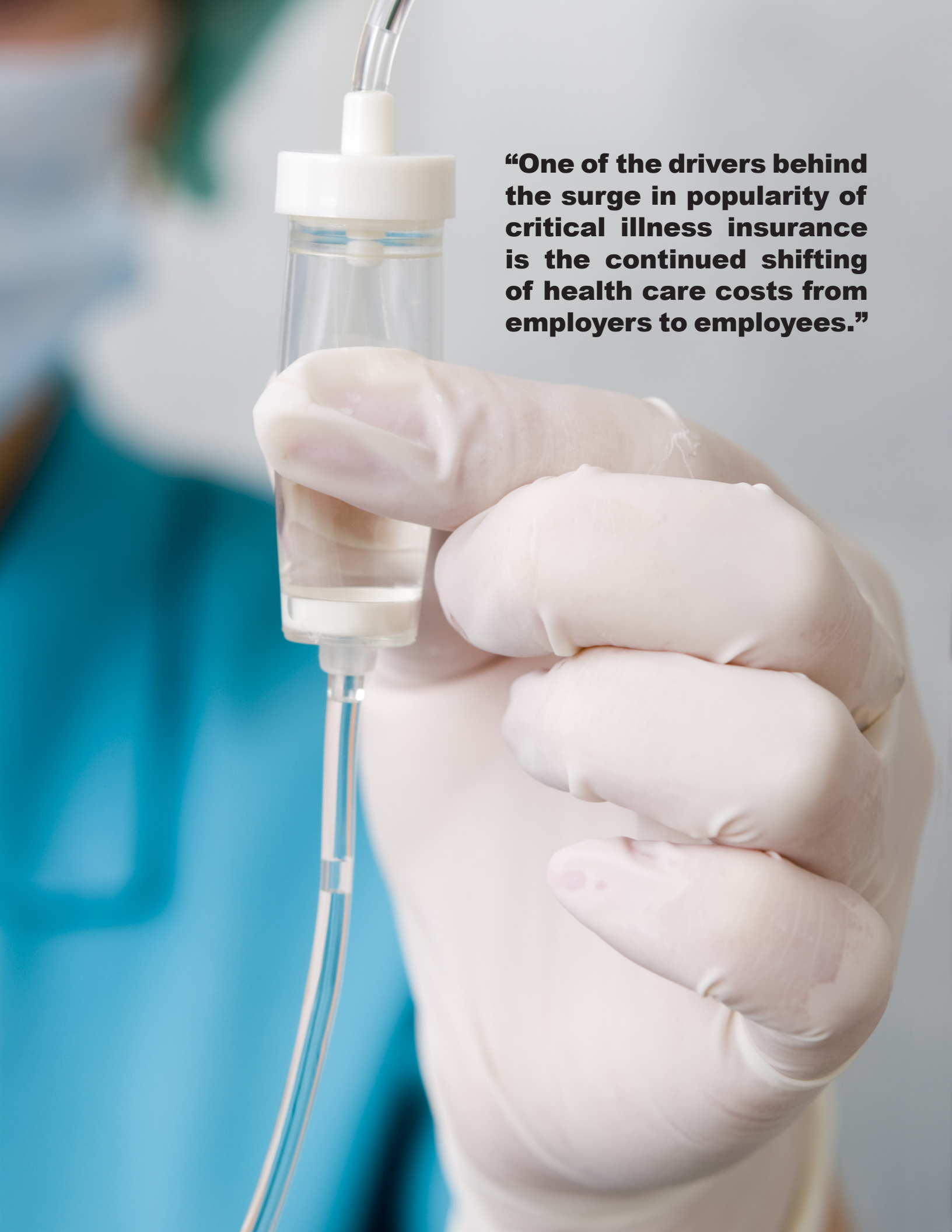
- More than four in ten employers are considering adding a new voluntary benefit within the next two years.
- Companies currently sponsoring voluntary benefits are very satisfied with their programs.
- Half of employers that are not offering (but are aware of) voluntary benefits are receptive to purchasing voluntary-benefit products .

This optimistic assessment suggests a significant sales opportunity for brokers who understand the voluntary-benefit market and align themselves with solid carriers offering an array of products.

Improving Bottom Line

Adding voluntary benefits to a core benefits offering can help improve companies' bottom lines by increasing productivity and presenteeism. Studies show that nine out of 10 employees believe it is important that companies offer a full range of health benefits, including voluntary. More than eight out of 10 employees whose companies offer voluntary benefits are satisfied with their overall benefits offerings, compared with just 30 percent of those whose companies do not offer voluntary-benefit products. Also, two-thirds of employees say that having voluntary benefits provided by their employer would increase their productivity .

Brokers can help their clients design the funding of voluntary offerings in a way that best suits their clients' budgets. Many companies offer such



“One of the drivers behind the surge in popularity of critical illness insurance is the continued shifting of health care costs from employers to employees.”

benefits on an “employee-pay-all” basis, while others pay a portion of their employees’ premiums. Employers may also choose to fully pay the base plan and offer their employees a buy-up option for additional coverage.

Brokers can give several reasons why employers should consider offering their employees voluntary benefits. Voluntary benefits can:

- fill gaps or reduce out-of-pocket costs in medical plan coverage, potentially lowering an employer’s and employee’s total health care costs;
- enable access to group rates, which are generally more cost-effective than purchasing insurance independently;
- provide coverage on a guaranteed-issue basis in some instances with no medical underwriting required;
- allow employees to tailor their coverage to their lifestyles and select from a range of coverage levels that meets their unique needs; and
- reduce administrative burden through automatic payroll deductions.

Critical Illness Insurance Surging

Critical illness insurance is one of the fastest-growing voluntary-benefits products. Critical illness carriers surveyed by LIMRA reported a 40-percent increase in sales for the first quarter this year .

An estimated 1 million Americans have this protection, which generally provides a lump-sum payout upon diagnosis of a critical illness such as stroke, heart attack or cancer . The payout can be used for any purpose – such as out-of-pocket medical costs, daily living expenses, transportation, child care, or even to offset the loss of income.

One of the drivers behind the surge in popularity of critical illness insurance is the continued shifting of health care costs from employers to employees. According to a recent Towers Watson survey, 61 percent of employers currently offer a high-deductible, consumer-driven plan, and an additional 17 percent expect to offer one next year .

While these plans generally have lower premiums than traditional plans, the higher deductibles present employees with potentially significant financial exposure in the event they suffer a catastrophic illness before their deductible is fulfilled or before they have built sufficient savings in their Health Savings Account (HSA) or related health care account.

For example, to make a health plan compliant for an HSA in 2012, employers must design a high-deductible health plan with a minimum deductible of $1,200 for employee-only coverage, and $2,400 for family coverage. Maximum out-of-pocket expenses (including deductibles, copayments and co-insurance) are limited to $6,050 for employee-only coverage, and $12,100 for family coverage.

Seeking to ease employees’ cost burden and encourage more health-conscious behavior, employers are increasingly embracing these high-deductible health plans, combined with HSAs. More than 11 million Americans are covered by HSA-eligible plans, according to a recent study by America’s Health Insurance Plans, an increase of 14 percent over last year, and enrollment has nearly doubled in the past three years .

Combining a critical illness product with high-deductible medical plans is a solid strategy to help reduce costs to the employer while providing added financial protection to employees.

Critical Illness: Alarming Frequency

To make the case for critical illness plans, brokers can educate employers about the chances that an employee may become critically ill during his or her lifetime.

- Nearly 1.6 million Americans are expected to be diagnosed with cancer this year, according to the American Cancer Society .
- Every year, about 785,000 Americans have a first heart attack, and another 470,000 people who have previously had one or more heart attacks have another attack, according to the Centers for Disease Control and Prevention (CDC) .
- Someone in the United States has a stroke every 40 seconds, according to the CDC (stroke is the third-leading cause of death after heart disease and cancer).
- A 25-year-old male non-smoker has a 24 percent
chance of having a critical illness (cancer, heart attack or stroke) before turning age 65, according to a risk assessment study by actuarial firm Milliman Inc .

The financial impact of these illnesses can be devastating. Last year, more than 1.5 million bankruptcy petitions were filed by individuals, a 9 percent increase over the previous year , and about 60 percent of these bankruptcies were due to medical bills, according to the American Association for Critical Illness Insurance . Even more surprising is the fact that nearly 80 percent of people who declared bankruptcy due to medical bills had health

insurance . In those cases, critical illness insurance may have prevented insolvency and kept these people out of bankruptcy court.

Making The Case

The chart below illustrates just one example of how an employer can implement a high-deductible health plan, pair it with an HSA as well as critical illness coverage, and still reduce out-of-pocket costs for both employee and employer. In this example, the hypothetical ABC Transportation's current medical plan costs $6,275 per employee annually. If the firm switched to a high-deductible plan combined with an HSA, that annual cost would decrease to $5,175. That, in turn, would yield a savings of $1,100 per employee annually.

ABC Transportation could give some or all of those savings to employees by helping fund their HSAs. If the company contributed up to $600 to each employee's account, it could also spend $55 per employee to provide $5,000 of critical illness coverage, and still reduce its health care costs. **(Chart 1)**

Due Diligence

Brokers should conduct due diligence by carefully comparing the financial strength of the voluntary benefits carriers their clients are considering, and examining the carriers' respective policies. Employers may find it convenient to use a carrier that also has enrollment capabilities including educational materials and simple, personalized enrollment materials available in both in paper and electronic form.

Brokers can also help their clients by identifying programs that integrate medical and critical illness benefits under a single carrier. Extra support and resources are provided to employees diagnosed with a critical illness under these programs. For example, experienced nurses can help answer questions from employees about their critical illness, identify resources in the community, and work closely with the employees to coordinate their health care needs.

In today's sluggish economy, employers are understandably vigilant about reducing costs while still providing a competitive benefits package. Providing voluntary benefits, such as critical illness insurance, is a smart way to provide the benefits that employees want and need, without busting the budget.

Chart 1

Employer Paid Critical Illness
ABC Transportation Cost Savings

UnitedHealthcare

	Trad'l PPO with $750 deductible and Rx	HSA plan with $1,250 deductible and Rx
Annual per employee cost	$6,275	$5,175
Add $5,000 Critical Illness Plan*	$55	$55
Employer funding contributed to HSA	n/a	$600
Total Cost to Employer	$6,330	$5,830
Employer Savings	$0	$500

About the Author

Barbara Howe, Vice President Voluntary Products and Services, UnitedHealthcare. With 30 years in the employee benefits and insurance industries, Barbara Howe is the national leader of UnitedHealthcare's voluntary benefits business and responsible for developing and implementing UnitedHealthcare's strategy, products and services. Her experience includes reporting and analytics, account management, operations, network management, product and voluntary strategy development.

1 http://www.limra.com/newscenter/newsarchive/archivedetails.aspx?prid=197
2 http://www.limra.com/newscenter/newsarchive/archivedetails.aspx?prid=183
3 http://www.plansponsor.com/Employees_Value_More_Employers_that_Offer_Voluntary_Benefits.aspx
4 LIMRA's Worksite Marketing of Voluntary Products, Quarterly U.S. Sales Survey, first quarter, 2011
5 http://www.criticalillnessinsuranceinfo.org/
6 2011 16th Annual Towers Watson Employer Survey on Purchasing Value in Health Care
7 http://www.ahip.org/content/pressrelease.aspx?docid=33714
8 http://pressroom.cancer.org/index.php?s=43&item=315
9 http://www.cdc.gov/heartdisease/facts.htm
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12 http://www.uscourts.gov/uscourts/Statistics/BankruptcyStatistics/BAPCPA/2010/2010BAPCPA.pdf (page 5)
13 http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php#stroke
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Using Social Media for Health Care

Everyone today in business is aware of the effects that social media has on business, especially if you are under the age of 30. If you are not taking advantage of web media sources like YouTube, FaceBook, Linked In, and other hot social network sites, you are living in the last decade. Don't be so 2009. Increasing your sales and corporate awareness with social media should be a key component of your business strategy. You may think that you can get by without it, and you probably can. But in order to move your business to the next level, you need social media. If you need convincing, note these stats from Erik Qualman, author of the # 1 international best selling book, Socialnomics.

Consider these ten stats in his book:

- Lady Gaga, Justin Bieber and Britney Spears have more Twitter followers than the entire population of Sweden, Israel, Greece, Chile, North Korea and Australia.

- YouTube is the second largest search engine in the world. Every minute 24 hours of video in uploaded to YouTube.

- Ninety-five percent of companies use LinkedIn for recruitment.

- Facebook tops Google for weekly traffic in the U.S., and 1 in 5 divorces is blamed on Facebook. What happens in Vegas stays on Facebook, Twitter, etc.

- Fifty percent of the mobile Internet traffic in the UK is on Facebook.

- The Ford Explorer launch on Facebook generated more traffic than a Super Bowl ad.

- If Facebook were a nation it would be the world's third largest. Yet Twitter, Facebook, YouTube and Google are not in China.

- Groupon reach $1 billion in sales faster than any company in history. Social gamers will buy $6 billion in virtual goods by 2013. Compare that with movie goers buying only $2.5 billion in real goods.

- Thirty-four percent of bloggers post opinions about products and brands. Ninety percent of consumers trust peer recommendations. Only 14 percent trust advertisement.

- Ninety-three percent of marketers use social media for business

Relative to health care, while some companies continue to question the value of social media networking, debating whether or not they should be on Twitter or Facebook, others have superseded the hesitation, and are presently into the next phase of social networking. The companies who currently have delved into the social media networking space can find their customers are already there, sharing their health concerns, supporting one another, and seeking better health outcomes, according to Dr. Kevin Pho. Voted the best medical blog of 2008, KevinMD.com is the web's most influential health care social media platform, with over 100,000 subscribers on Facebook, Twitter, Google+, LinkedIn, and RSS.

Businesses can interact with customers in real-time, and monitor behavior and trends. According to Deloitte, "Social networks hold considerable potential value for health care organizations because they can be used to reach stakeholders, aggregate information and leverage collaboration." Health care is at the forefront of society's mindset, yet patients cannot see what goes on behind the scenes of medicine. Engaging with a powerful and influential supportive community of family and friends in the social circles, and having health experts offer action plans with inspiration and motivation to better manage chronic conditions and to improve overall well-being; individuals can be guided to better health efficacy.

Many health care companies have a social media presence. For example, Careington International occasionally offers special deals on discount health care (www.careington.com/co/mc) through FaceBook. CIGNA has a presence on Linked In (http://www.linkedin.com/company/cigna), and Aetna Global Benefits (AGB) members have access to an additional online resource designed to help them easily navigate their benefits and achieve their optimal health. Aetna's international business segment launched its presence on Face Book in early 2010, specifically designed to enhance the service experience for the organization's more than 400,000 members located worldwide.

While it's easy to identify demand, many healthcare marketers are not exactly sure how they might tap into the social web to reach business goals, according to TopRank Online Marketing. To help understand the possible applications, consider these five examples of how the social web can work for hospitals and others in the healthcare industry:

1. Tweet Live Procedures: In the past year, social media channels have helped open up an area of healthcare previously only available to a select few: the operating room. Last February, Henry Ford Hospital became one of the first hospitals to Tweet a live procedure from an operating room. Doctors, medical students and curious non-medical personnel followed along as surgeons tweeted short updates on the kidney surgery to remove a cancerous tumor.

This healthcare marketing tactic can effectively create excitement and raise public awareness for a healthcare organization. In the case of the Henry Ford procedure, Twitter was abuzz that February day with users both re-tweeting the messages from Henry Ford and adding their own thoughts on the event. That buzz can help healthcare organizations both attract new patients and recruit medical personnel.

2. Train Medical Personnel: Some healthcare organizations are beginning to recognize the potential impact of leveraging social media channels to complement training efforts. Mayo Clinic Social Media Manager Lee Aase, for example, incorporated social media into a recent training presentation for local chapters of the American Heart Association. During the presentation, Aase leveraged Twitter to encourage participants to contribute to the discussion using the #AHAchat hashtag.

Weaving social media into healthcare training initiatives can provide multiple benefits, including:

- Giving trainees a forum to ask questions and quickly receive answers

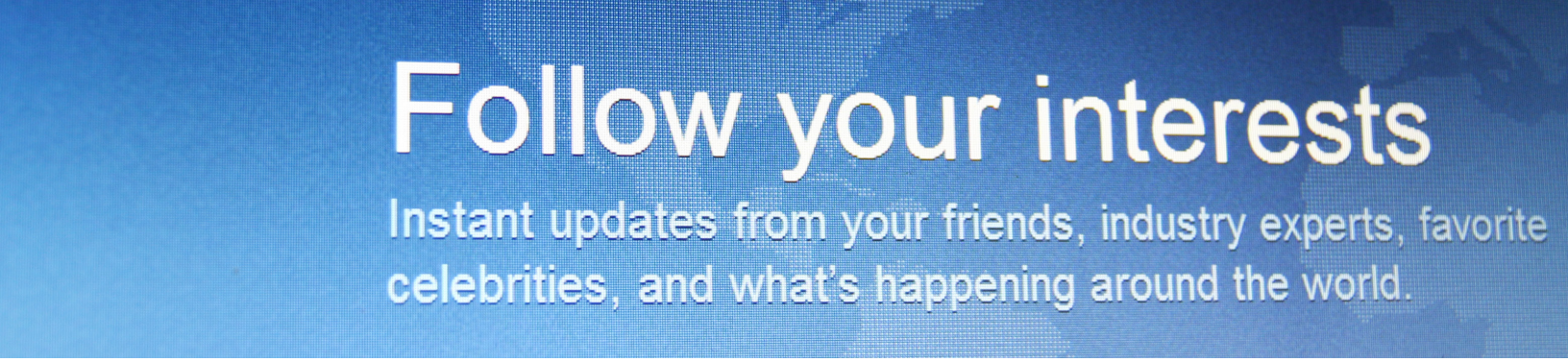
- Providing presenters with immediate feedback from trainees (i.e., if trainees have mastered a concept of if more guidance is needed)

- Enabling organizations to complement healthcare marketing efforts by sharing slideshows, video or pictures from training sessions on social sites like YouTube or Flickr

3. Reach Mainstream Media: 70 percent of journalists now use social networks to assist reporting, compared to 41 percent the year before, according to a Middleberg Communications survey reported by PR Week. With numbers that high, it only makes sense for healthcare marketers to leverage social media channels in order to achieve coverage by both mainstream media and industry publications.

As part of healthcare marketing efforts, organizations can use social media channels – including blogs, forums and microblogs – to share success stories from out-of-the-ordinary operations or treatments, medical research or other significant achievements. For example, when Aurora Health Care tweeted a knee operation in April, it received significant media attention, both from mainstream media and industry publications including Good Morning America, the local Milwaukee public radio network and Hospital Management Magazine.

4. Communicate in Times of Crisis: When disaster strikes – whether it be a flood, an earthquake or a terrorist attack – healthcare providers are at the center of it all. Healthcare providers can leverage social media networks to provide real-time updates both for those directly affected by the crisis and those watching from afar.



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During the November Fort Hood shooting attack, Steven Widman of Scott & White Healthcare – one of the hospitals that treated Fort Hood victims, used Twitter to provide up-to-the-minute news. Through Twitter, Widman provided updates on emergency room access and hospital operation status, re-tweeted news from Red Cross and communicated with reporters. Widman shared with Found in Cache Blog the results of the social media crisis communication efforts:

- Twitter followers increased 78 percent in just three days
- Scott & White Healthcare was listed on the front page of Twitter as a "trending topic"
- The hospital's YouTube channel was ranked the 79th most viewed non-profit channel during the entire week surrounding the crisis

5. Provide Accurate Information to Patients: 73 percent of patients search for medical information online before or after doctor's visits, according to the HealthCare New Media Conference. With the magnitude of health information available on the web – both accurate and inaccurate – it's likely that these patients can easily be misinformed.

By integrating social media into the healthcare marketing mix, organizations can share accurate, timely information regarding symptoms, diseases, medications, treatments and more. Social sites like Inspire are providing a forum for patients to share their health problems and questions about treatments with other patients, as well as qualified medical personnel. Inspire, for instance, partners with trusted health nonprofit organizations to ensure information is accurate and its community is safe. The benefits of integrating social media into healthcare marketing efforts are priceless – from improving patient care to gaining media coverage to attracting new patients and staff. If your healthcare organization hasn't already taken advantage of social networking channels, now is the time.

The power of social media networking is vast. Sharing thoughts, ideas, viewpoints, posting updates, collaborating with consumers and colleagues is immeasurable. Tapping into a community of users whose word-of-mouth influence in the social space is fierce, and it goes beyond the standard role of social media networking. Facebook, Twitter and Google plus are only a few of the social networking platforms utilized, and the millions of individuals who use it have the capability to spread information like wild fire. They can reach and influence others in their social circles at lightning speed, according to Dr. Kevin Pho. Individuals have the capability to influence their friends about their favorite restaurant, movies, electronics and TV shows; but imagine the power that individuals have to influence their circle of friends, and their friends and so on and so on, about better health.

Using social media has more power now than ever before. You can communicate faster and more directly to consumers, and you can offer special features and options to your customers that other media outlets don't provide. All the major sites have the ability to provide feedback, and tracking your business results is a good way to know that your investment in this type of marketing is well worth the money. Make the best use of your ad dollars by building a presence with social media. If you plan on capturing your fair market share in your industry, and increase the level of business with the under 30 crowd, no better format is available than social media.

About the Author

Mark Roberts' professional sales background includes 30 years of sales and marketing in the tax, insurance and investment markets. Mark is a licensed life, health and accident insurance agent in all 50 states and DC for insurance products and discount health plans. He serves as Manager of National Accounts at Careington International Corporation (www.careington.com). He also regularly contributes articles to magazines for both medical and dental topics both in the US and the UK. You can reach Mark at markr@careington.com.

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Medical Evacuations for Your Employees Who Travel Overseas: What You Need to Know to Save Lives

Written By
William W. Spangler
MD FACEP, Worldwide
Medical Director, Travel Guard

Medical evacuations overseas for those who have become ill or injured are often misunderstood. Often, people have images of "MASH" type helicopters swooping down in the middle of a desert or high atop a snowy mountain peak to rescue those in need. But usually they are nothing like this. And the cost of just one evacuation alone can vary quite widely—from $6,000 up to $250,000 or more - depending upon the aircraft and what kind of medical expertise and equipment are necessary.

Given these high costs and the importance of rescuing your employees traveling overseas for business as expeditiously as possible, you need to understand all that you can about medical evacuations in your role as a travel manager.

In reality, there are various types of medical rescues (with helicopters frequently being the last transport of choice because they are so unsteady and quite lacking in space). When it comes to your employees traveling internationally, you need the expertise of a physician or medical specialist at the scene. The advice and guidance of a second physician, working for an insurance carrier that provides evacuation coverage and assistance to your company, is also needed.

Understanding how these medical evacuations are decided, the costs involved and how to best utilize the various transportation options is of the utmost importance for those responsible for the care and well being of their traveling co-workers. All-encompassing events like the catastrophic earthquake and tsunami in Japan, violent attacks in Libya, and the government overthrow and riots in Egypt can all put business travelers from the United States in danger of both injury and disease. Even business trips to seemingly less dangerous locations are not without risk and danger.

Each type of evacuation is done individually—with the health, comfort, and well-being of your traveling employees being considered first and

foremost. Following these considerations, the availability of a particular type of aircraft, location, terrain, expertise required and cost are also critical factors.

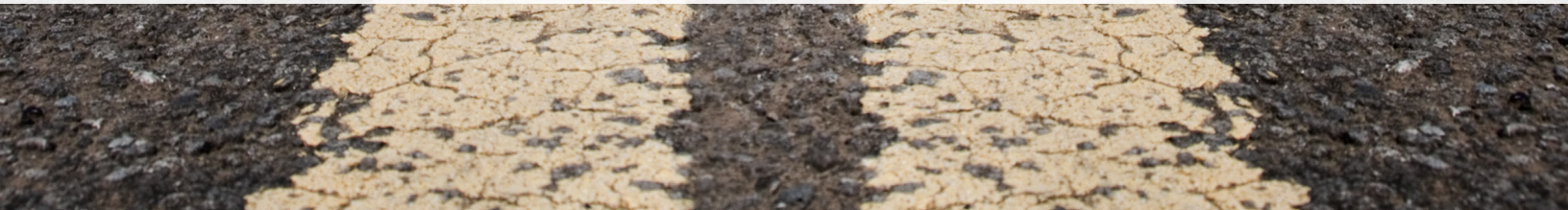
Here are some of the different options:

Commercial Flights

Medical evacuation by commercial flights is the most common, utilized about 75 percent of the time.

This form of transportation is for medically stable, alert, and conscious patients. Evacuating one of your employees by commercial carrier usually means buying one business/first class, or even one or two extra coach seats. The extra seats and space will provide more comfort to the patient. For instance, if an employee has a broken extremity, he or she would need extra leg and/or arm room. Patients considered for commercial evaluation are not on an IV, are easily transferable via wheelchair, and are able to breathe on their own or with the use of supplemental oxygen.

A medical evacuation on a commercial airline often involves an escort for the patient. A medical escort –such as a doctor, nurse, or paramedic – is needed to assist with issues like monitoring oxygen and assisting with the dispensing



of medications. However, a patient with a less emergent medical issue wouldn't necessarily require a medical escort but typically utilizes a non-medical escort. A non-medical escort could include a family member, friend, or co-worker who needs to help the patient with non-medical issues—such as getting up or down from a seat, eating, luggage handling or going to the restroom.

Lufthansa Patient Transportation Compartment

Lufthansa is the only airline in the world that operates an intensive care unit aboard some of its flights. Located on board regularly scheduled flights from Germany to 62 destinations across the Lufthansa network, the separate compartment of the plane provides a ventilator, EKG monitor, blood gas analyzer, and other equipment usually found in hospital ICUs. In addition to the patient, two to three medical personnel can be accommodated.

While this type of aircraft has more room than a small air ambulance and does not need to be refueled after just 1,500 miles, the patient also has to be in an area where the ICU flight is offered and there must be availability of the service on a particular flight. So basically, everyone has to be in the right place at the right time. At Travel Guard, we utilize this option infrequently due to these restrictions.

For both this service as well as commercial evacuations, there also needs to be sufficient time to locate and transport the appropriate medical personnel to accompany the patient. Again, all these factors should be considered when making individual medical evacuation decisions.

Air Ambulances

These are private jets that are outfitted as ambulances - as the name suggests. Generally used about 10 percent of the time for medical evacuations, these aircraft are usually a Lear 35 jet or a somewhat larger plane. They can accommodate a patient, two pilots, two to three medical personnel (e.g.--doctors, nurses, paramedics, respiratory therapists) and minimal luggage.

These planes are generally used for patients who are medically unstable. If you had an employee who has suffered cardiac or respiratory failure, is breathing through a respirator, has suffered a stroke or traumatic injury, is on an intravenous drip, and/or is unconscious, an air ambulance would be considered.

However, each decision must be made on a case-by-case basis. For instance, if an employee is unconscious after suffering a stroke or heart attack and that person is in a top-notch hospital in a place like London or Paris, it may be more medically sound to not move that person and continue the current course of care. In such an instance, an air ambulance transport would not be medically indicated.

There's the flip side – again, the decision being location-dependent – where you would utilize an air ambulance for a less medically dire situation. For instance, if someone has suffered a broken leg and is in a very remote area with not a lot of commercial flights available, evacuating that individual via air ambulance may be the safest and quickest way to get the care that he or she requires urgently.

In addition, if an employee requires medical evacuation over a great distance, an air ambulance may not be the optimal choice. These aircraft can only travel about 1,500 miles before they need refueling. If traveling further, they would need to make multiple stops – which may not always be the best option for the patient.

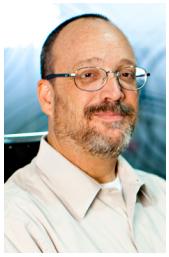
Helicopter

This form of medical transport is used less than one percent of the time, usually only in remote parts of Africa and Asia. It is only done if a patient is in a location that does not even have a roadway or patch of land which can accommodate a small air ambulance. Usually, a helicopter is chartered from a local pilot and the patient is flown to the nearest airport to board an air ambulance or commercial airplane. The helicopter will only fit the patient, pilot and one medical person.

By understanding the different type of medical evacuations, you will know that your employees who may become ill or injured overseas will be getting the best possible care. In addition, understanding the different options available will also allow you to watch costs and make decisions that are financially sound.

About the Author

William W. Spangler, MD FACEP, is the worldwide medical director of Travel Guard Chartis. He is board certified in emergency medicine, with 27 years of experience in this medical specialty. Dr. Spangler also serves as team physician to the NFL Houston Texans. Travel Guard, a Chartis company and worldwide leader in travel insurance and assistance, provides products and services to millions of travelers around the globe.



Written By
Tom Morey
Vice President of Product Development at Aflac

Breathing Life (Insurance) Into the Forgotten Generation

Brokers and agents face a unique set of market dynamics, many of which pose a threat to their financial livelihood. As the industry waits for 2014 to arrive, when the bulk of the health care reform legislation will take effect, now is a good time for brokers to embrace new market opportunities and put their sales and prospecting efforts into overdrive. One approach to consider is looking at segments of the population that are both under tapped and in a position to appreciate and pursue insurance options to protect their family. Take, for example, an often-overlooked segment, Generation X, and how their demographic situation and unique mentality make them ideal candidates for life insurance protection.

The Proof is in the Numbers

Far from being saturated, the market for life insurance among Generation Xers, those workers typically born between 1965 and 1980, boasts opportunity. According to the 2011 Aflac WorkForces Report, only 53 percent of Generation X workers currently have life insurance.1 Furthermore, despite being overshadowed by their bigger counterparts on both ends – the Millenials and Boomers – Generation X is still 34 million strong and commands a healthy annual buying power.

Demographic Factors at Play

A large number of Generation X families also now have children of their own, and a good portion rely on dual incomes to meet daily needs. This makes them particularly vulnerable in the event one dies prematurely by an illness or accident. Particularly when you consider the fact that a child born in 2009 will cost nearly one quarter of a million dollars, or about $222,360 to raise to maturity,2 and that doesn't take into account college tuition.

Members of Generation X were the first "latch-key" children, making them highly responsible as a whole. Most place a high degree of importance on protecting their standard of living and that of their spouse. Yet, nearly one-third (30 percent) of Gen Xers have less than $500 right now to pay for out-of-pocket expenses associated with an unexpected illness or accident,1 making the possibility of bankruptcy if one spouse dies is very real without life insurance.

Buying Characteristics

Generation X consumers are among the most technologically-savvy in our society, having grown up with computers, PDAs, cellphones, email, Blackberrys, and the like. They generally thrive on interactive electronic communication. For research and obtaining information on a policy or product, these employees will generally turn to the Internet and electronic venues.

However, when it comes to considering and applying for insurance products, Generation X prefers the high-touch approach. According to Aflac research, 64 percent of Generation X workers said their preferred method of communication about employee benefit options is through a broker or benefits professional.1 After these employees arm themselves with the basic information and research they need via the web, they much prefer a person to actually close the deal.

Generation X employees saw their workaholic parents lose their well-deserved jobs during tough economic times. Therefore, they are often reluctant to spend their hard-earned cash on items that aren't considered enjoyable. This makes lower-cost insurance options that are easy to obtain an attractive solution for Generation X.

Voluntary Life Insurance Fits the Bill for Gen X and their Employers

As employers begin to adapt to health reform mandates and an economic recovery, many are decreasing life insurance policies or removing them entirely. These changes can leave Generation X workers with gaps in coverage, often unbeknown to them. It is not uncommon for workers to believe their employer has provided them life insurance coverage, when they really have not. Or, even if their employer has provided some level of coverage, it is typically not enough to protect their standard of living.

For these reasons and more, voluntary life insurance products are growing in popularity among employers and their employees. And, over the past several years, products have become much more attractive. For example, Aflac now offers up to $250,000 of whole, 10-year term, 20-year term and 30-year term life products for policyholders between the ages of 18 and 50. Also, Aflac offers a variety of life insurance policies including group life insurance up to age 70 to suit every need and income. Voluntary policies are budget-friendly, and are portable, even if policyholders change jobs or retire, with no increase in premiums – a feature many Generation X workers appreciate.

Generation X Could be Your X-Factor

The challenges facing the broker and agent community are well-known. Protecting their own income has become a pressing issue as commissions are being cut more every day. Identifying attractive prospect pools may help with this issue. Generation X workers are one such opportunity for new business, and life insurance has emerged as a growing need among these consumers.

About the Author

Tom Morey, a 16-year insurance industry veteran, is Aflac's vice president of Product Development. He oversees designs, pricing and execution to include product development, product positioning and corporate bids.

Visit aflacforbrokers.com, call 1-888-861-0251 or send an e-mail to brokerrelations@aflac.com to learn more.

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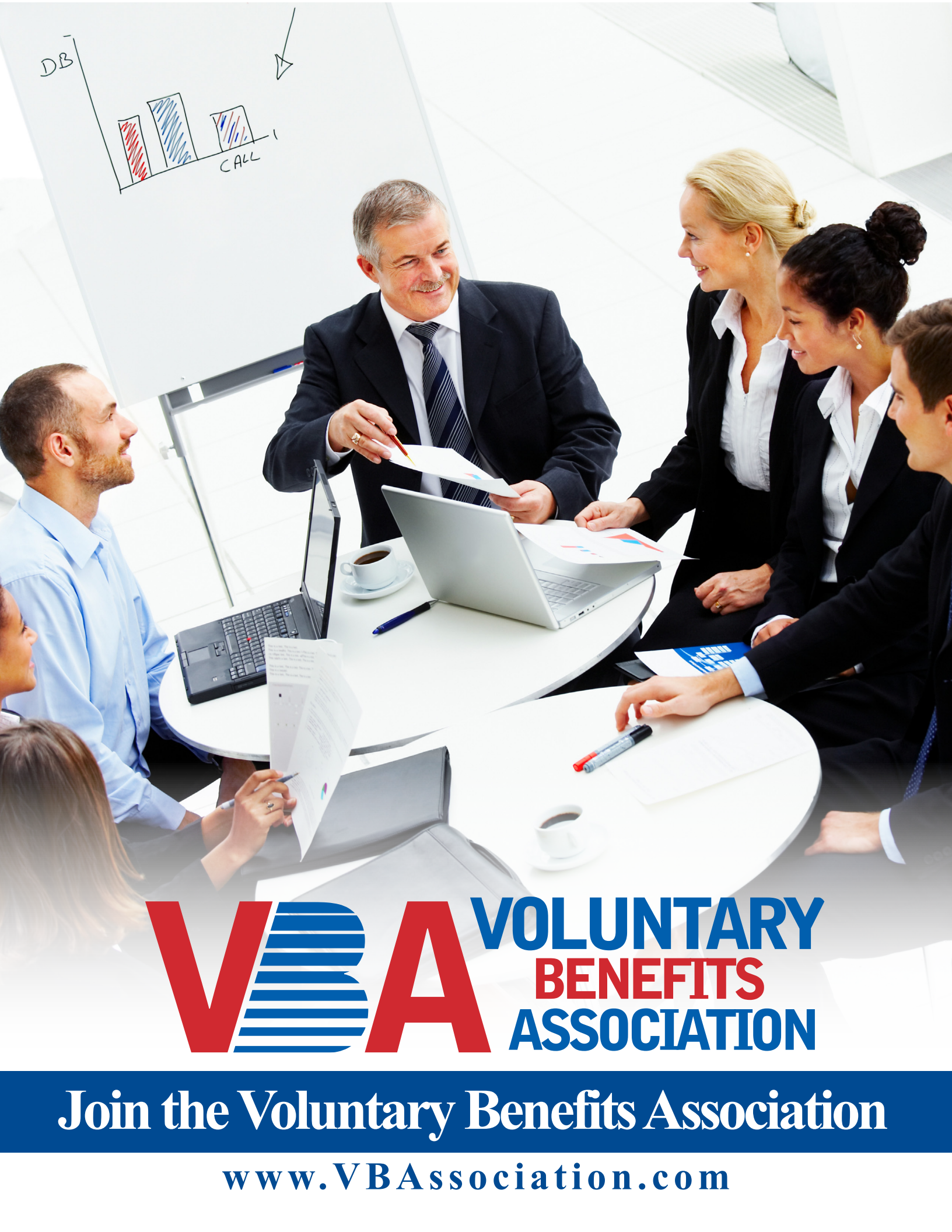

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Magazine December 2011

Written By
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National Practice Leader of
The Standard's Workplace
Possibilities Program

Uniting Disability Management and Wellness for a Healthier, More Productive Workforce

Employee absences, such as short- and long-term disability absences, leaves of absence (LOAs) and incidental absences, can be very costly to organizations. Many employers believe a quick fix for these issues — and the bottom line — is implementing wellness programs to improve employee health and productivity. While wellness programs are indeed a critical piece of the total benefit cost puzzle, as a standalone initiative they often lack the ability to reduce or prevent the primary causes of unexpected absences such as chronic physical or mental health conditions.

By adopting a proactive and preventative mind-set, employers can avoid or reduce the cost and impact of these employee absences with an integrated absence and disability management program focused on improving employee health and workplace productivity.

Several key benefits make up the essence of an effective and successful absence/disability management program, including job accommodations, employee assistance programs (EAPs) and health advocacy solutions. These key ingredients can work in tandem with a company's wellness efforts to create a finely tuned and holistic approach that can help employers save thousands in lost production and absence or disability-related costs, as well as help retain and motivate talent.

Preventing Absences with Workplace Accommodations

Many employers are programmed to believe that once an employee has a physical injury or a mental health problem, the only option for the individual is to take a disability absence or LOA. But being absent from the workplace is not always necessary.

Something as simple and cost-effective as an ergonomic solution or a job modification can likely prevent or reduce the duration of a disability absence or LOA. It can also help prevent further injury.

Among absence and disability providers that offer this benefit, the most effective model is one that will provide an onsite ergonomics consultant to assess the workplace. This professional will help the employer identify opportunities where an ergonomics solution or job modification can be used.

Take, for example, an employee with severe anxiety who has taken a disability absence or LOA. The consultant can work with the employer and the employee's therapist or physician to determine the best course of action in getting the employee

back to work as soon as possible. This could be as simple as reducing the employee's hours to part time. A flexible schedule allows for proper recovery, and gradually getting back to full-time hours puts less stress on the individual. It helps ensure a long-term stay at work.

Chronic physical conditions such as back pain or carpal tunnel syndrome are also some common causes of disability absences. The onsite consultant may help prevent an employee from taking a disability absence or LOA by removing barriers to productivity. Depending on the physical issue, this could be a more supportive chair or an ergonomic computer mouse. A solution, big or small, can alleviate some of the pain and discomfort associated with an injury, and also prevent further trauma.

Accommodations can enable employees to remain on the job safely and allow an individual to better work at his or her full potential. Not only do employers save significantly on costs by avoiding or reducing the duration of a disability absence/LOA, the employee will feel like a valuable asset to the organization.

Reinforcing the Value of Employee Assistance Programs

EAPs are effective and positive resources to help individuals with a variety of concerns. Unfortunately, they remain a much underutilized benefit.

Mental health conditions, such as anxiety and depression, are contributing to an increasing number of short-term disability claims — even outpacing illnesses such as cancer. These conditions fuel absenteeism and presenteeism, which can be very burdensome and expensive problems due to their impact on productivity.

The need to utilize EAPs has never been greater for these reasons. Employers should take advantage of a disability management provider that facilitates and increases employees' usage of, and benefits from, an EAP.

Having an EAP in place demonstrates to employees that their company cares and can likely lead to a boost in employee morale, less absence and increased productivity.

Combating Presenteeism with Health Advocacy

Presenteeism is known as the production loss from employees with a medical or mental condition. Presenteeism can materialize in employees coming to work sick or significantly distracted by outside concerns. The difficulty is that presenteeism comes in many forms, making it extremely challenging for employers to curb this problem in the workplace.

Take, for example, an employee who needs to find a new doctor or specialist for his or her sick child. The individual, thinking it would take only a lunch break to research and identify an appropriate physician, greatly miscalculates the amount of effort necessary to find a doctor and ends up using valuable work time to get it resolved. This lost time is in addition to the added stress and burden on the employee that may affect his or her productivity the remainder of the day.

The healthcare system can be a very complex environment — from figuring out the elaborate details of a bill to understanding a medical condition. It can be a time-consuming and confusing process without the right help.

That's why many employers are quickly learning the advantages of health advocacy solutions as part of an integrated absence and disability management program to help reduce this form of presenteeism.

Health advocates, typically registered nurses, help individuals navigate the intricacies of the healthcare system. These professionals understand the health care system better than an employer or employee because they deal with it daily. Plus, these professionals are closest to and have connections in the industry, which allows them quicker access to information, resources and people.

Many times health advocacy covers not only the employee, but also the employee's spouse, dependent children, parents and parents-in-law. Therefore, the employee not only receives the help he or she needs, but also can be relieved of the burden of finding care or resolving an issue for his or her loved one.

With health advocacy assistance, issues tend to be resolved faster, removing much stress and burden from the employee's plate.

Putting the Pieces Together

A key to any successful integration is finding the right partner. Too many absence and disability management providers focus on a reactive approach to disability absences or LOAs. A provider that centers its message on keeping employees at work whenever possible, or getting them back to work faster, is one that will improve workplace productivity.

Additionally, employers can look for other qualities and traits in a provider that will ensure a long-term, valuable partner, including:

- A strategic direction and goal-setting
- Integration with the employer's health management programs (e.g., wellness, disease management, etc.)
- A partnership approach with key stakeholders
- Thoughtful and ongoing implementation (no "how-to guides" or "do-it-yourself" programs)
- Robust tracking and metrics capabilities

Employers can join together wellness and disability management to ensure a stronger, healthier and more productive workforce that will result in a very rewarding experience for the organization, as well as current and future employees.

About the Author

Michael Klachefsky is national practice leader of The Standard's Workplace Possibilities program. He has more than 30 years experience in the absence/disability management and productivity industry. In this role, he works with The Standard's corporate marketing team to promote and enhance the program, as well as represent the company at conferences, workshops and other events that focus on absence and disability management topics. He can be contacted via email at Michael.Klachefsky@standard.com or by phone at (971) 321-2679.

About the Workplace Possibilities Program

The Workplace Possibilities Program is a unique, proactive approach to helping employers prevent and manage disability in the workplace. A Workplace Possibilities consultant helps identify opportunities to keep employees who may be at risk of a disability on the job and get those who go out on disability back to work sooner, the program helps employers realize rapid and measurable reductions in disability-related costs. For more information on tips and tools HR professionals can use to help re-imagine the way they manage disability, visit www.workplacepossibilities.com.

Five Points to Consider Before Buying Medical Equipment Online

Written By
Tron Emptage
RPh, MA, Chief Clinical Officer,
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Self insurers have multiple options when it comes to arranging medical equipment for injured workers. They can source the equipment directly from medical equipment stores, tap into the network of an ancillary services provider or purchase from an online vendor. The latter is becoming increasingly common as selling merchandise on the Internet becomes easier. And it's no wonder, as the global market for home medical equipment in 2009 was about $16.8 billion and is projected to grow to $23.8 billion by 20151.

As more vendors sell medical equipment online, self insurers are using the Internet as a resource to find bargains. But sourcing equipment online brings risks and can frequently cost self insurers more over the long term. Whether an organization is currently purchasing equipment online or is evaluating such a strategy, it is essential to consider the following points.

Is the online medical equipment vendor licensed and accredited?

When purchasing medical equipment online, verify that the vendor is licensed and has a reputation for providing quality service. This will ensure the injured worker receives the medical equipment they need in a timely manner.

There are a few ways to determine if a vendor is accredited. Check to see if the vendor is a licensed provider in the state their business operates. This can be done by conducting a public records search for business licenses. Search on http://publicrecords.onlinesearches.com to find where to access a business license

database per state2. Also, research if the vendor is an accredited medical equipment provider with the Better Business Bureau (BBB). This can be done by calling the BBB at 703.276.0100 or visiting the BBB website at www.bbb.org. The BBB accredits and then rates vendors based on a specific set of criteria such as duration of operation, obtaining required licenses and evaluating service complaints3.

Does the online medical equipment provider set up equipment, offer training or provide fittings?

Self insurers are faced with the challenge of providing injured workers quality care while managing claim costs. While finding a discounted piece of equipment online may seem like the best solution because of price, consider the bigger picture. It's about more than just the price for equipment; it's also about ensuring injured worker safety.

Medical equipment that is set up incorrectly or injured workers who are not trained on its proper use can lead to re-injury, delaying their recovery and ultimately their return to work. Therefore, when purchasing medical equipment online, it is important to determine if the vendor will set it up upon delivery and arrange for proper fittings. Another critical consideration when evaluating medical equipment vendors is to determine if they will provide the injured worker comprehensive education on equipment use.

What is the online medical equipment vendor's policy for replacing malfunctioning equipment?

Even the highest quality medical equipment can break or malfunction. That is why it is essential to closely review an online medical equipment vendor's policy for replacing defective medical equipment. In many cases, it will be the responsibility of the injured worker to contact the vendor directly to resolve the issue or return the equipment for a replacement.

If an injured worker attempts to replace defective medical equipment and is not receiving quality service from the original vendor, they may take matters into their own hands. This can lead to out-of-network bills – meaning higher claim expenses and more paperwork.

Does the online medical equipment vendor automatically ship equipment?

With fraud statistics remaining high, a medical equipment vendor should not automatically ship equipment to the injured worker without prior authorization. This ensures the appropriate equipment is ordered, duplicate equipment is not shipped and the injured worker receives the best available medical equipment for the nature of the injury. By eliminating unauthorized medical equipment shipments, self insurers can reduce medical equipment expenses – which comprise 9 percent of a workers' compensation medical claim4.

Can online medical equipment vendors simplify the coordination of care?

Making all of the necessary contacts to coordinate a claim can be very time consuming for self insurers. Online medical equipment vendors typically only offer equipment. This could mean multiple phone calls and hassles for self insurers. To simplify the coordination of care, consider using an ancillary service provider that can make arrangements for home health care, transportation, language services, diagnostics, physical medicine and catastrophic care needs.

Ancillary Service Providers

Working with an ancillary service provider can alleviate the concerns faced when ordering medical equipment online. This working relationship can save self insurers time and effort, creating peace of mind.

An ancillary service provider can remove the hassle when ensuring a vendor is legitimate and has a solid reputation for offering quality medical equipment. Ancillary service providers work with a network of safe and dependable vendors that offer equipment at discounted rates, which eliminates the hassle and time involved in evaluating vendors. Self insurers should look for a partner that

ranks its medical equipment vendors on stringent criteria such as customer service, geography, proper licensure and credentials, compliance with state and federal laws, quality management and contract adherence. The ranking system should also provide the injured worker with on-time delivery, exceptional service, training as needed and fully operative equipment. These ranking systems will ensure that the injured worker receives the best care available at the most cost-effective price.

Partnering with an ancillary service provider can also help manage concerns around medical equipment set up and maintenance. A provider should have the capability to fully coordinate services between the equipment vendor, injured worker and claims professional. This means they will arrange all orders, delivery and necessary fittings. The ancillary services provider should offer complimentary equipment set up at time of delivery as well as provide the injured worker with comprehensive training on proper usage. Additionally, ancillary service providers will follow-up with the injured worker as needed to ensure the medical equipment is working properly and that there are no questions on how to use it correctly.

In the event a malfunction occurs within warranty guidelines, most ancillary service providers will immediately resolve the issue. This means the injured worker will not have to coordinate the return or wait a long time for a replacement to arrive. Eliminating the chance of injured workers going out-of-network to fix their medical equipment also reduces the pains felt by self insurers.

Conclusion

Many options are available in selecting a medical equipment provider, so how does a self insurer know which vendor will offer the most cost-effective, quality product and service? To ensure the best business partnership, critically evaluate a provider's legitimacy, reputation, defective equipment policies and customer service. To simplify the coordination of care, a self insurer may determine that saving a few dollars with online bargains is not worth risking injured worker safety or satisfaction.

About the Author

Tron Emptage is chief clinical officer at Progressive Medical, Inc., which helps payors achieve better outcomes for injured workers and more control over expenses through a powerful combination of network capture and conversion programs and clinical expertise. He can be reached at Tron.Emptage@progressive-medical.com or 800.777.3574.

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How a Simple "Nudge" Could Increase Employee Wellness Engagement and Reduce Wellness Program Costs

In the drive to increase employee participation in health improvement programs, businesses have rapidly adopted financial incentives as a key strategy for jump-starting employee engagement. Using gift cards, cash, tokens, prizes, premium reductions and other creative tools, employers entice, cajole, seduce and persuade employees to make healthier life choices or participate in wellness initiatives.

The good news is that incentives appear to produce improved engagement in some wellness programs. The bad news is that employers are spending more and more to get those results. According to a recent survey of nearly 150 mid- to large-size companies, the cost of incentives provided by employers increased a whopping 65 percent between 2009 and 2010, rising from $260 per employee to $430 per employee, on average. The cost of incentives for dependents rose also, to an average of $420 per person.

That all adds up to a good chunk of change for employers. In today's economic climate of shrinking margins and budget limitations, some groups are asking themselves whether they can afford to continue doling out dollars to entice employees to get healthier.

Alternatives to Costly Wellness Incentives

New research on employee health engagement may help employers reduce their dependence on costly incentive programs. According to a study published in the *Proceedings of the National Academy of Sciences* (June 13, 2011), a simple "nudge" may prove to be as effective as financial incentives at increasing employee participation in health and wellness activities.

The study – conducted by researchers at The University of Pennsylvania, Stanford University, Yale University and Harvard University – in conjunction with Evive Health, proved that simple messages prompting employees to "make a plan" to complete a health activity can significantly increase the likelihood of follow-through or compliance.

In the controlled study of more than 3,200 employees at a large Midwestern utility firm, researchers found that prompting people to simply write down the specific date and time that they would engage in a health activity – such as getting a flu shot – was a highly effective and low-cost method for improving engagement. Of those who received a specific prompt to write down the date and time when they planned to get a vaccination, 37.1 percent obtained the vaccination, an increase of 4.2 percentage points over those who received an identical reminder that contained no prompt to make a plan. The planning prompt was most effective among employees for whom on-site flu shots were offered on a single day only. Prompting these employees to write down the date and time when they intended to receive a shot increased compliance by 7.9 percentage points.

Researchers believe that similar prompts could be used to increase engagement in many other healthy behaviors that employees may be overlooking due to competing demands on their time.

This is significant news for any business concerned with motivating employee or consumer health behaviors. The research proves that there are low-cost strategies that can replace or work in tandem with financial rewards to further increase health engagement.

Why Simple Messaging Works

Consumer marketers have known for decades that behavioral science can offer deep insights into consumer likes, dislikes and behaviors. In fact, they've made an art of using behavioral science applications to motivate people to buy certain products and services. Through consumer research, they understand why people prefer certain brands of cereal over others or certain product packaging – such as certain bottle shapes or colors – over others.

Using these same techniques, innovative wellness companies have been exploring the kinds of mailings, messages and prompts that motivate member engagement in wellness programs. They can address, for the first time, what kinds of promotions elicit better responses than others, as well as what kinds of barriers – from financial to family or other socio-economic factors - inhibit health participation. By understanding these issues, companies are developing more targeted and personalized messaging that can help individuals better participate in health and wellness programs.

New, behavioral science-based engagement solutions work by gathering and merging an individual's historical and real-time health analytics with their socio-economic characteristics to develop a multi-dimensional profile. Such "data profiles" can not only help to reveal current and potential health risks, but can help to predict future health behaviors and barriers to health engagement. Using clues from such profiles, plan sponsors can create the kind of targeted, "intelligent messaging" that can educate, motivate and assist individuals in taking positive health actions and making positive health choices.

This new approach is already achieving dramatic results in the workplace, demonstrating, on average, 19 percent increases in employee engagement in the first year alone.
Personal health messaging and reminders can be delivered via direct mail to the home, or by email, telephone or text messaging and can be used for early interventions, health improvement or disease management, delivering the right "nudge" at the right time to produce the desired result.

Four Simple "Nudges" That Increase Engagement

The best engagement messaging focuses on four key tools to engage and "nudge" employees into action.

1. Personalized Messaging
Through the years, wellness providers have learned that generic calls to action elicit low levels of participation. New engagement technologies create highly personalized communications to each individual member and include information specific to the member's health status, providers, coverage, age and even ethnicity. Each section of every message – from the introductory greeting to the body copy to the call to action, and even the graphic design – is fashioned to be relevant to the individual, and thus produce the desired response.

2. Educational Messaging
Fully 88 percent of workers surveyed say they "lack an understanding of the value of preventive services," according to a 2010 study by the Midwest Business Group, a coalition of large employers. In other words, the employees weren't sure why they should bother to get a regular physical, colonoscopy, mammogram or other preventive measure. Education can be a powerful tool for improving wellness compliance. Wellness messaging tools can clearly communicate the health risks and potential adverse outcomes that are specific to each member. By educating the employee on the simple preventative steps that can help to avoid adverse health situations, higher rates of compliance can be achieved for preventive checkups and screenings.

3. Easy-to-Follow Directives
Studies show that the more specific the call to action, the greater the chance the recipient will understand and be motivated to respond positively. Intelligent messaging provides highly

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specific information the member needs to make important health choices. This information covers:

- **w**hat (action they need to take)
- **w**hen (a specific appointment date)
- **w**here (the address of their provider)
- **w**ho (the name of the provider) and
- **w**hy (how the procedure or screening benefits them).

Members who receive easy-to-follow directives can better understand what is expected of them.

4. Interactive Tools
The most successful direct mail and email campaigns of our time have used surveys, check boxes, fill-out cards, peel-off stickers and other interactive tools to engage recipients. Taking a cue from these success stories, today's wellness technologies use interactive decision support tools, such as chronic care stickers that can be affixed to appointment calendars and pill planners. Such devices engage people in their health in a tactile and memorable way.

New engagement technologies make it simple for employers to "nudge" workers toward their health improvement goals. They integrate easily with existing wellness and disease management plans, providing a turnkey technology solution that requires no service interruptions, no additional staffing, no new investments in IT and no new costs for marketing. The best programs also will offer:

Ongoing Response Tracking, Problem Solving and Message Refinement
Some wellness programs can now dynamically track member responses to communications and automatically refine and execute new messaging and campaign elements based on prior member responses. For example, members who don't respond to a colonoscopy mailing could receive new reminders utilizing different communications tactics that may better engage and nudge that particular member to the desired outcome.

In addition, intelligent messaging technologies allow wellness plans to predict potential logistical, financial, educational or other barriers and provide messaging or solutions that can help members navigate around their personal challenges. For example, a member who has no car may need a list of bus routes to a health facility. This type of dynamic problem solving enhances engagement and outcomes over time.

Outcomes Measurement
Understanding outcomes is crucial to achieving success in wellness engagement. New technologies provide timely reporting that helps companies adjust their programs, coverage and messaging to achieve better returns on investment.

Proven Results
Results from the best new health engagement platforms demonstrate increased employee adherence of 19 percent on average in the first year alone. Such programs can engage 100 percent of employees, and have an opt-out rate of less than ½ of 1 percent. Employees are more highly satisfied with their experience because the program helps them navigate the health system, overcome personal barriers to care, improve their health and lower their premium costs.

Cost Savings
Interventions that create positive and sustainable health behaviors in member populations can be immensely cost efficient. Assuming increased utilization costs for tests and screenings and increased avoidance of costly medical procedures and hospitalizations, businesses with these programs report an ROI ranging from 1.22:1 to 4.3:1.

New wellness technologies incorporating intelligent messaging get the right message to the right workers at the right time, providing just the right "nudge" to make engagement in wellness easy and manageable for most everyone.

About the Author

Prashant Srivastava cofounded Evive Health, LLC in 2007 to encourage employees to seek appropriate healthcare and live healthier, more productive lives. Prior to founding Evive Health, Prashant directed clinical operations for Focused Health Solutions. Dr. Srivastava earned an MBA from the University of Chicago (GSB'05) and a Ph.D. in Chemical Engineering from Michigan State University. Contact Prashant at prashant@evivehealth.com or visit evivehealth.com.

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The Missing Headline: Where's the Patient in Patient-Centered Care?

Today's headlines reflect the impact of more than 133 million people living with chronic conditions such as heart disease, diabetes and depression in a fragmented, acute health care system, but they don't tell the whole story of the 1.3 trillion dollar chronic care problem. Although the magnitude of chronic conditions has not gone unnoticed, the solution has.

The medical home is a proposed model designed to repair chronic conditions care. The medical home supports a changed reimbursement system that will empower physicians to offer physically and financially accessible care. The model also values disease prevention, identification and intervention. Primary care physicians would serve as an access point and navigator to the health care system to stitch together primary and specialty care. This concept has evolved into the Advanced Medical Home and then the Patient-Centered Medical Home to represent a more holistic view. However, a very important piece is missing from each iteration of the model: the patient.

Physicians do not have the time or the training to help individuals reverse years of poor habits in an office visit. In the current health care system, the physician has only 15 to 20 minutes on average to take a history, perform a physical exam, prescribe or adjust medication, explain side effects and proper dosage, and educate on the specific chronic conditions. The few remaining seconds, if there are any, are used to answer questions and empower the patient to adopt the positive, healthy behaviors necessary to prevent chronic disease complications or progression. A collaborative patient-physician relationship is imperative. Even if a person with a chronic illness sees their physician each month, this still leaves 353 days during which the patient is solely accountable for the daily decisions that affect his or her chronic disease management. After people leave the doctor's office, how will they be empowered to act on their doctor's recommendations?

Because chronic conditions are managed outside of the doctor's office, employers cannot rely only on physicians to reverse the negative trends. Many of the direct medical costs associated with managing and monitoring chronic conditions have been shifted to employers. Chronic conditions negatively impact employees' effectiveness at work, through reduced

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productivity (presenteeism) or work-days lost due to illness (absenteeism), which indirectly increase employer's costs. Employers not only have a vested interest in adopting health promotion initiatives; they are also well-positioned to explore novel solutions to promote employee health and wellbeing. Since people spend around eight hours of each weekday at work, the workplace is situated as a much more effective location than the doctor's office for implementing wellness interventions.

The solution an organization chooses to employ must extend beyond the office walls and into the person's day-to-day life. In the past, this has meant traditional disease management with nurse call centers. An industry analysis - conducted by Triple Tree - challenged the health industry to create new approaches to address difficult behavior change that can truly impact costs and improve health. They cited the importance of an affordable, seamlessly integrated approach that focuses on both psychosocial and physical health. Scalable, digital solutions that replace or augment traditional call centers can lead to a greater level of self-management of chronic conditions and real-time communication, which can reduce expenses and administrative tasks.

Technology-based solutions, like digital health coaching, provide a low-cost, behavioral intervention that are designed to mitigate the potential negative impacts of chronic conditions. Technology-based solutions can be scaled to an entire patient population, customized to focus on the specific health needs of individual patients, and accessed confidentially at the convenience of the patient with 24/7 availability. These characteristics enable online interventions to reach those individuals who may not otherwise seek help from other sources. These types of tools and resources empower patients to be more active in managing their chronic conditions by receiving health coaching to improve treatment and medication adherence, to adopt healthier nutrition habits, and to make positive lifestyle changes. Additionally, patients learn how to better communicate with their health care providers, which can help make visits to the doctor's office more effective.

Over 37,300 people have participated in the HealthMedia® Care® for Your Health program, a digital health coaching program designed to help participants learn the skills necessary to manage a chronic condition. In a 180-day post-program survey , respondents (N=3,038) reported that they

- Were better able to manage their health (91 percent)
- Had improved their health (87 percent)
- Had improved communication with their health care provider (89 percent)

The initial outcomes data suggest that even modest, positive results can make a significant difference in quality of life across a large participant population. This effect can be amplified given that digital health coaching interventions can be scaled to reach participant populations of any size.

Technology-based solutions can be a valuable component in a Patient-Centered Medical Home system. In addition to empowering patients to actively participate in the management of their chronic health conditions, online interventions can help doctors remotely monitor a patient's progress, enabling health care providers to make recommendations or changes to a patient's treatment regimen in between office visits.

The Patient-Centered Medical Home model aims to improve the care of individuals with chronic health conditions by providing defragmented and affordable health care. For example, stronger affiliations between primary care and specialty care physicians can lead to a more unified and cost-efficient delivery of health care. Additionally, it is vital to include the patient as a partner in the Patient-Centered Medical Home relationship. The incorporation of new technologies, such as digital health coaching, can prove essential in educating individuals about their chronic conditions. Patients that are taught chronic condition self-management behaviors, and are able to communicate actively with their doctors, are more likely to be successful partners in the Patient-Centered Medical Home system.

About the Author

As a member of the Behavior Science and Data Analytics Team for HealthMedia, Inc., Giuseffi assists with the dissemination of behavior science research on lifestyle behaviors, chronic conditions self-management, medication adherence, and behavioral health. Giuseffi also utilizes creative techniques including PhotoVoice, Storytelling and Experience Mapping to capture qualitative research and improve participation in health promotion programming. Danielle L. Giuseffi has an MPH in Health Behavior Health Education from the University of Michigan School of Public Health and a BS in Biology from the University of South Dakota.

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A Look into the Crystal Ball: Three Predictions for Healthcare Payors in 2012

If we had a crystal ball, we could look ahead to the end of 2012 and see the many changes that affected healthcare payors throughout the year. Based on what we know now, it's pretty safe to assume that the industry will face changing government regulations, new relationships with providers and members, and increased challenges related to the demands of the new healthcare economy. While I don't possess that magical crystal ball, I can predict three critical changes that I believe will begin to transform our industry in 2012.

Based on many conversations with executives at leading payor organizations, and HealthEdge's recent Payor Market Survey (more on that in a moment), one thing seems certain – payors will need to leverage new technology to compete in the rapidly evolving healthcare marketplace. Full disclosure – I'm a technology guy – I live it and breathe it every day. I also have a good understanding of the business issues facing the industry, and I know that payors need to put systems in place that will enable them to quickly react to market and customer needs, adopt new standards, deliver better customer and provider service and connect everyone involved in the evolving healthcare delivery cycle. The software and platforms built years ago, and even the newer systems that are based upon old business models, are going to impede payors' ability to support the dramatic shifts coming our way. Below are my top three predictions for the coming year.

Prediction 1 – The Emergence of New Healthcare Business Models

In 2012, many payors will seek to differentiate themselves from their competitors and increase their market positions by participating in one or more of the emerging healthcare business models. These new market initiatives include value-based benefits, next-generation consumer-based benefits, other healthcare reform programs and various payment reform models including ACOs.

In many of the ACO proposals currently being discussed, for example, a network that includes payors, doctors and hospitals will share responsibility for providing high-quality, lost-cost care to patients. Providers that meet the objectives of the new programs will receive financial rewards for their work. The goal of the model is to incent everyone involved in the healthcare delivery cycle to help achieve better overall results,

while keeping expenditures in check. The government will begin receiving the initial round of applications for its ACO Shared Savings Program in January 2012, and the first ACOs based upon this new program are expected to launch in the spring. The current ACO proposals circulating in the industry extend well beyond Medicare beneficiaries, and many payors and providers across the country have already announced their plans to support one or more of these initiatives.

Earlier in this article, I hinted at a survey that HealthEdge commissioned in order to better understand the business imperatives currently facing the payor community. We were curious to find out how executives at leading payor organizations felt about their readiness to address new healthcare delivery models and to support new standards including ICD-10. The full results of the survey, which will be released shortly, were nothing short of staggering.

We asked payor executives, for example, which healthcare delivery models their organizations were planning to participate in and support over the next three years. Over 55 percent responded that they were planning to support ACOs. Unfortunately, more than 63 percent of the executives surveyed also admitted that they don't currently have the technology that will be required to turn this goal into a reality. In order to successfully implement ACOs, payors will need to deploy solutions that will enable them to support a variety of new payment and incentive models. They also need to have platforms in place that provide real-time visibility to members and providers that will allow them to continuously make good decisions based upon the latest information and recommendations.

In addition to widespread adoption of ACOs, I predict that value-based healthcare approaches, which focus on incenting at-risk members to better manage their care, will also surge in 2012. The value-based model incentivizes specific healthy behaviors for individuals who have or are likely to develop chronic diseases. For example, people at high risk for diabetes may receive reduced or eliminated co-pays for certain prescribed medications and physician visits, or other incentives if certain health goals are reached. This is a dramatic shift away from traditional approaches, as it focuses on proactively managing the people that are most at risk as a way to create and maintain a happier and healthier patient population, while keeping the overall cost of care in check. Similar to the ACO model, the successful implementation of value-based healthcare will require new systems that enable payors to achieve dramatically increased levels of agility, flexibility and transparency.

Prediction 2 - The Rise of Business Process Outsourcing (BPO)

What will happen to payors that don't have the ability or desire to deploy these new technology solutions within their organizations? How are they going to remain competitive in the healthcare marketplace?

The solution to this problem, I believe, will come from organizations that are partnered with best-in-class healthcare technology companies to provide next-generation BPO services that address the new healthcare business initiatives. In 2012, BPO providers will emerge as a viable option for many payors seeking to level the playing

field. It will enable these organizations to quickly expand their market offerings and meet their front- and back-office goals, without having to invest in an entirely new IT infrastructure or re-train their staff.

BPOs will also provide a path to compliance as ICD-10 deadlines approach. The same survey that addressed new plan models also asked about ICD-10 readiness. Again, the results were less than promising, as only 22 percent of survey respondents stated that they were ready to adopt this important new standard. Based upon the survey results, it is clear that a significant number of payors still have not completed their ICD-10 remediation plans. At this point, many of them are still evaluating their existing systems. A number of these organizations would certainly benefit from a solid BPO option.

Recent research from industry analysts found that as payors strategically align their IT investments over the next year, BPO will be one solution they use to address new business models and meet compliance deadlines. Many payors, the analysts tell us, will elect to outsource functions including enrollment and claim processing, customer service and network management. The analysts believe that a new generation of BPO providers will leverage cutting-edge technology to deliver new options that address many of the evolving needs of the healthcare payor community.

Prediction 3 – The Elimination of Manual Processes and Hard-to-Maintain Satellite Systems

Despite the fact that we live in a technology-driven society, the healthcare industry is still far behind other markets when it comes to embracing new technologies. Many payors still rely on outdated, and even unsupported, systems to run their organizations. Unfortunately, these solutions were built to operate based upon old healthcare models, and they were not designed to support the capabilities that are now required in the 21st century healthcare marketplace. As a result, many payors are forced to tolerate massive levels of manual processing and human error, and large numbers of "satellite" systems that have been deployed to plug the holes that can't be filled by their legacy platforms.

More than half (53 percent) of the Payor Market Survey respondents identified high rates of manual processing and the need to reduce administrative costs as some of the most significant obstacles currently facing their organizations. In 2012, I predict that payors will seek out technology solutions that will enable them to quickly offer the innovative products the market demands while simultaneously increasing operational efficiencies and reducing unnecessary administrative costs. They will also work to reduce their dependence on their expensive, hard-to-maintain satellite systems, replacing them with new solutions that will meet all of their current and future business needs. By leveraging next-generation technology, payors will be able to dramatically decrease the need for manual processing and virtually eliminate human error, allowing them to redeploy their valuable resources to activities that will have a greater overall impact on the organization.

2012 will undoubtedly bring significant changes, and a number of new opportunities, to healthcare payors across the country. While it's impossible for those of us without a crystal ball to predict exactly how the future will unfold, one thing seems certain: payors that have the technology in place that will allow them to quickly address market changes and new business models will be well positioned to compete in the new healthcare economy.

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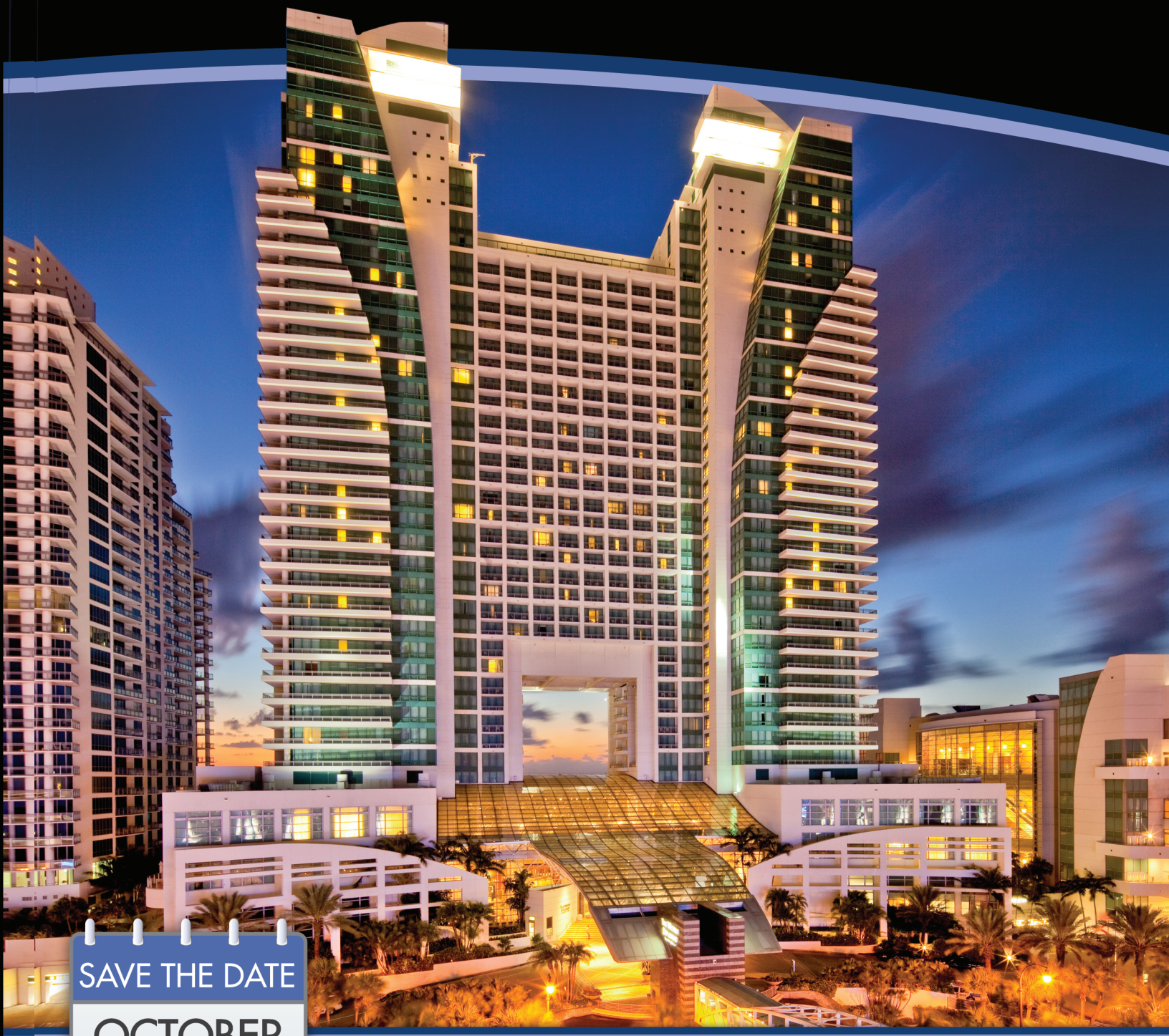

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