



Obesity & Healthcare Reform: A Worksite and National Perspective

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The Workplace Perspective

Wellness: Payer/Employer Strategy

- Wellness Definition
 - Goal is to achieve optimal physical, mental, and emotional well-being
 - A preventive way of living that may reduce or eliminate the need for acute healthcare services
- Payer/employer wellness programs are an emerging strategy for controlling healthcare costs
 - Possible 3:1 return on improving wellness

Organizations with Wellness Programs

- **Insurers**

- Horizon/Blue Cross: Health Rewards
- WellPoint: 360 Degrees
- Humana: Virgin Life Care
- Pacific/United: Health Credits
- Blue Cross/Blue Shield of Vermont: Blues Extras

- **Employers**

- Microsoft
- General Mills
- PepsiCo
- Mutual of Omaha
- City of Fort Collins, CO
- University of Nebraska - Omaha
- American Standard
- ***Mayo Clinic***

A Snapshot of Mayo Clinic

- Three Group Practices
 - Mayo Clinic Rochester, Mayo Clinic Arizona & Mayo Clinic Florida
- 2007 Personnel
 - 41,906
- 2007 Average Members per Month (MMSI)
 - 90,683
- 2007 Total Cost of Employee Health Care:
 - \$419,988,000
- 2007 Net Cost reduced by Employee Share:
 - \$326,921,000

Employee & Community Health Initiative

Goal:

To give Mayo employees, retirees, their families and the community all the medical care needed, none of the medical care not needed, in the most effective manner, to allow Mayo employees and the community to be as healthy as they can be, now and in the future.

Employee & Community Health Initiative

- Primary care practice that provides care to employees and community
 - 105 providers
 - 154 nurses
 - 6 locations
 - 285,000 patient visits & 700,000 phone calls
- This practice cares for 140,000 lives
 - 47% are Mayo employees, dependents or retirees

Employee & Community Health Initiative

- Top Priorities:
 - Develop care teams for chronic disease management
 - Provide timely access to care through Patient Service Center
 - DIAMOND depression
 - Centralized anticoagulation
 - Ages and Stages Questionnaires (ASQ) Developmental Screening
 - Incorporate wellness activities into Employee & Community Health

Mayo Clinic LiveWell Program

- Supports Six Key Health Objectives
 - Healthy Weight
 - Physical Activity
 - Nutrition
 - Behavioral Health
 - Tobacco Use
 - Preventive Care

Mayo Clinic LiveWell Program

- 2006
 - Developed “LiveWell” name and graphic identity
 - Launched LiveWell to MCR employees
 - Coordinated existing wellness resources
 - Office of Health Promotion staff hired
- 2007
 - LiveWell launched at MCA & MCF
 - Launched MyMayoHealth.com
 - Major initiatives
 - Walk to Wellness
 - Make the Commitment...
 - Health Risk Assessment



Mayo Clinic LiveWell Program

- 2007 Health Risk Assessment
 - Online questionnaire
 - More than 10,000 employees participated
 - 300 individuals signed up for lifestyle coaching
- Top 5 Risks for Mayo Clinic Rochester

Risk	% of Participants
Nutrition	79%
Stress	59%
Weight	57%
Exercise	46%
Blood Pressure	40%

Mayo Clinic LiveWell Program

- Fall 2008: Introduction of LiveWell Rewards Program
 - Available to Mayo employees and one of their dependents age 18 or older
 - Voluntary
 - Designed to reward engagement in healthful behaviors
 - To enroll participants must complete the online Health Risk Assessment

Mayo Clinic LiveWell Program

- Points System
 - Completing HRA earns participants 500 points
 - Mayo Choice/Universal: \$10/month premium reduction
 - Mayo Horizon: \$100 contribution to HSA
 - Must earn an additional 500 points by June 15, 2009 to receive continued premium reduction or an additional \$100 contribution to HSA

Toward wellness...



Health Care Reform Perspective

Mayo Clinic Health Policy Center

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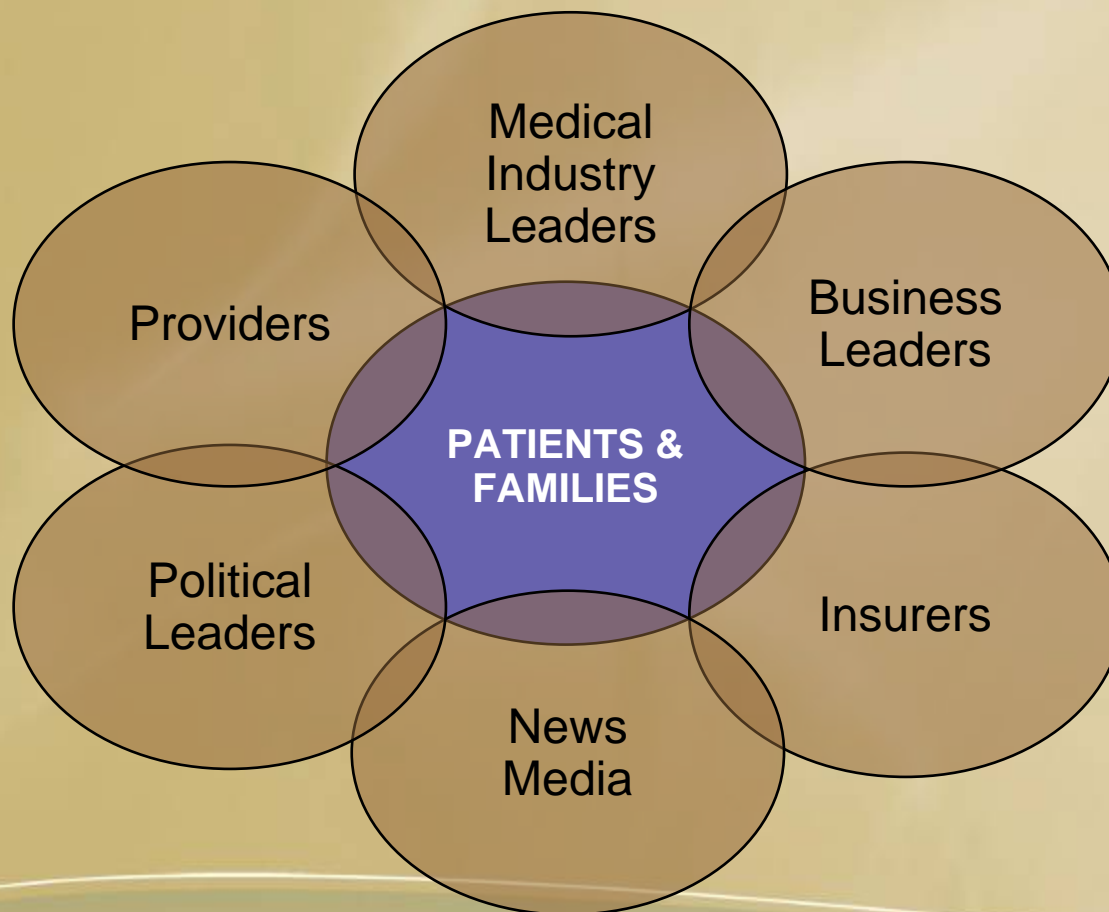
Goal

- Influence stakeholders to implement substantive health care reform before 2011 that will enhance quality and availability of health care for all patients

Convener

- 1,000 thought leaders
- 1,400 patients

Scope of Participation



Patient Engagement Initiative

Your Voice, New Vision

- Nine city tour to collect letters and film/record “woman/man on the street” views
- Your Voice, New Vision Focus Groups
- Consumer survey



Programming

- 2006 National Symposium on Health Care Reform
- Forum Series
 - Health Insurance for All Americans
 - Improving Effectiveness and Efficiency
 - Encouraging Integrated Care
 - Pay for Value
- 2008 National Symposium on Health Care Reform
 - Discussion series and forums

Leadership Visits

Examples

- AARP
- AMA
- New York Business Group on Health
- Leapfrog
- Employers
- Pharma
- Labor unions

Interactions with >160 organizations

MCHPC Cornerstones

Create
Value

Coordinate
Care

Reform
the
Payment
System

Insure
Everyone

Create Value

- **Improve outcomes** and satisfaction with U.S. health care. Decrease medical errors and waste.
 - Develop a common definition of value
 - Publicly display outcomes and aggregate prices
 - Support health care delivery science
 - Synthesize medical information

Coordinate Care

- Coordinate patient services across people, functions, locations and time to increase value.
 - Center care around the needs of patients and families
 - Form coordinated systems
 - Provide complete and accurate information to patients
 - Leverage information technology (IT)

Reform the Payment System

- **Change the way providers are paid in order to improve health and wellness** in addition to treating disease.
 - Pay providers based on value.
 - Create and test payment systems that provide incentives for providers to coordinate care, improve care and support informed patient decision-making.

Provide Health Insurance for All

- Provide guaranteed, portable health insurance for all citizens.
 - Require adults to purchase private insurance
 - Employers can continue to participate
 - Appoint an independent health board to provide a simple coordinating mechanism for individuals to select a private insurance option
 - Allow people to purchase more services or insurance
 - Provide sliding-scale government subsidies
 - **No pre-existing condition exclusions**

We All Must Change

Providers

- Improve effectiveness and efficiency
- **Stress prevention, health, integration**

Payers/employers

- **Encourage prevention, compliance and health**
- Change payment approaches to reward providers who deliver value

Patients

- **Prevention/healthier lifestyles**
- **Chronic disease compliance**
- Fair financial stake

Government

- Independent “health board” to coordinate private insurance options for all, transparency, IT interoperability
- Financial help to those in need
- Support research and education

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Building a vision for health care in America