

All Health Risk Assessments are **NOT** the Same!

How to Ensure your HRA Makes Dollars and “Sense”

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In 2008 over 50% of U.S. employers offered HRAs to their employees or insured participants; with that number expected to experience significant growth in 2009 and beyond.

To assist in this effort, many insurance providers are offering HRAs as part of the insurance product. That however, does little to lower premium costs. While this is of concern, the question still remains about the quality of the data gathered, how the data relates to future claims, and how to prove R.O.I..

Health Risk Assessments come in two primary types:

1. Simple; HRAs that collect basic lifestyle and behavioral data. These HRAs usually favor brevity over completeness and are sometimes coupled with cursory “screening” for body measurements and simple finger stick cholesterol levels.
2. Sophisticated; HRAs that predict the future state of pre-disease health, based on algorithms from a combination of evidence-based sources such as blood tests, health history as well as self-reported lifestyle and behavioral information.

The amount of data collected and analyzed varies. A sophisticated HRA should include the following data:

- Demographic data
- Biometric data (*medically-accepted diagnostic data collected by a third party source*)
- Family history
- Personal medical history (*from a third party source, if possible*)
- Lifestyle habits (*exercise, nutrition, tobacco use*)

- Stress and emotional well being
- Preventive health habits and history (*from a third party source, if possible*)
- Pharmaceutical history (*from a third party source, if possible*)
- Readiness to change (*by survey*)
- Health education interest (*by survey*)
- Health acuity (*by survey*)
- Health plan satisfaction (*by survey*)

Sophisticated HRAs do more than merely collect and report survey data. Sophisticated HRAs also predict the future onset of disease, or pre-disease. This is critical for two important reasons:

1. Individual action plans are created to **resolve risk** from evidence-based medical standards; these can be tracked and monitored.
2. Future **medical costs** can be determined, which help stratify the approach based on “dollars and sense” and determine comparative annual program R.O.I..

Example

To illustrate why it is important to choose an HRA that can predict future costs, let’s use the following example: Assume that during the HRA process, data was collected on weight, blood pressure, cholesterol, nutrition, stress, smoking and family history.

- ⇒ A simple HRA may report to the **individual** basic health risks such as high stress, smoking, and high blood pressure which can lead to hypertension or heart disease.
- ⇒ The simple HRA may report back to the **employer** that a certain amount of people had elevated blood pressure, smoked, reported high stress, had high cholesterol, and poor nutrition. This is good information, but is very difficult to dollarize the current and future health impact (**Risk Burden**) for the organization.

⇒ A sophisticated HRA, in addition to basic health risks, may report to the **individual** the likelihood of the onset of specific conditions such as hypertension, diabetes, heart disease, stroke, lung cancer, colorectal cancer or breast cancer. This makes the data more actionable because it tells the individual how likely they are to contract one of these conditions, instead of telling them that their lifestyle may lead to a condition. The information provides a frame of reference; a **measurable status**, that allows individuals to follow disease specific protocols using evidence based guidelines to resolve the risks.

⇒ To the **employer**, the data from a sophisticated HRA becomes more conventional, more business-like, and more likely to get strategic attention from the C-suite. In the example above, an aggregate report from the sophisticated HRA would indicate how many people are likely to contract conditions such as hypertension, diabetes, heart disease, stroke, lung cancer, colorectal cancer, or breast cancer. Since we now know which conditions are at risk, we can determine the cost impact of these conditions on the

Data from a sophisticated HRA is actionable and financially sound

future health plan. Data driven decisions can be made to manage the health of the corporation, its' population and related health plan costs.

For example, let's assume that the data from the **sophisticated HRA** revealed that 100 people had high risk for hypertension, and 10 for heart disease. If 5 of the 100 high risk hypertensive participants and 1 of the coronary heart disease cases reduced risk to a moderate level in Year 2, the impact on the plan is substantial as illustrated in the chart below.

With the ability to understand both the **frequency and severity** of the various health risk burden factors, a more directed and targeted approach to risk management can be achieved.

Summary

The key to choosing an HRA is **knowing what you want to do with the data**. Programs evolve over time, as does the population and their interaction with the program. A wellness program has to be in place for at least two years before you can measure results. Therefore it is important to choose an HRA that will give you the appropriate data to determine where targeted interventions can be applied. Without the ability to understand disease risk burden, you are shooting in the dark, and more importantly wasting time, money and effort.

Predicted Condition	Number of High Risk Cases	Year One Risk Burden	Number of High Risk Cases	Year Two Risk Burden	Difference in Risk Burden (Savings)
Hypertension	100	\$270,700	95	\$257,164	\$13,536
Coronary Heart Disease	10	\$272,972	9	\$245,675	\$27,297
Total	110	\$543,672	104	\$502,839	\$40,833

US HealthCenter Inc. has been leading the way in sophisticated Employee Health Management Programming since 1999.

