

OUTCOMES ANALYSIS

Program Components

WebMD Behavior Change Platform:

- > Health risk assessment
- > Telephonic health coaching (for high and moderate risk employees)
- > Online lifestyle programs
- > Condition education and engagement
- > Personal health record

Other components:

- > EAP
- > Diabetes program
- > Dietitian consulting
- > Tobacco cessation program
- > Fitness classes
- > Communications campaign for program launch
- > Incentive of \$40 monthly premium discount for completing health risk assessment

1 Year Results

- > Decrease of \$178 per person, per year in estimated medical claims costs
- > 70% health coaching engagement rate

Methodology

Health risk changes of 6,000 users who took HQ in 2007 and 2008 were compiled and their related financial impacts as defined by the Health Enhancement Research Organization (HERO) were estimated.

- > Whitmer, W., Goetzel, R., & Anderson, D. "The HERO Study on Risks and Costs: Research Findings." *The Art of Health Promotion*. 1999; 2(6).
- > Anderson, et al. "The Relationship between Modifiable Health Risks and Health Care Expenditures." *American Journal of Health Promotion*. 2000; 15(1): 45-52.

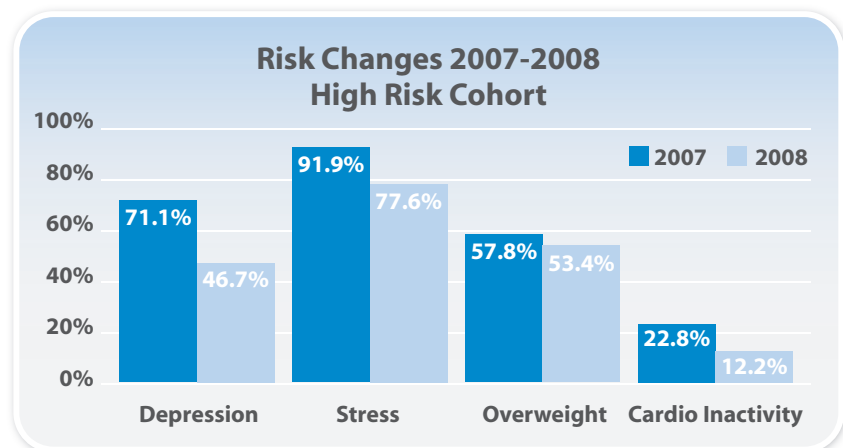
Note: Financial impact of each risk factor was adjusted for inflation to 2008 dollars using the Medical Care CPI

Health Coaching Outcomes:

University System Improves Population Health, Significantly Reduces Expected Medical Claims

A large Western university system with 14,000 eligible employees developed a comprehensive wellness program utilizing the WebMD Behavior Change Platform integrated with other health program components. Their population was roughly 60% female and well educated with healthy lifestyles. Their highest risk factors and conditions included stress, overweight/obesity, physical inactivity, and depression.

Under this initiative, in just one year, the university system saw significant improvement in several key health risks as measured by the WebMD HealthQuotientSM (HQ) health risk assessment:



Across the roughly 6,000 users who took HQ in both 2007 and 2008, the university system saw decreases in modifiable health risks:

- > Net decreases accounted for a reduction of \$178 per person, per year in expected medical claims costs
- > Expected medical claims increase due to population aging was \$180 per person, per year¹
- > Estimated financial savings relative to expected claims costs amounts to over \$2 million

¹"The Lifetime Distribution of Health Care Costs," Berhanu Alemayehu and Kenneth E. Warner, HSR: Health Services Research 39:3 (June 2004)