



what's working

health screening incentives

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When Plumbers & Steamfitters UA Local 400 in Kaukauna, Wisconsin has unfilled slots for its wellness screenings, a majority of members in 18 northeastern Wisconsin counties get a text message suggesting they call the health and welfare fund office for an appointment.

Typically, three or four hours later, another text lets them know all the slots are filled.

Just shy of 70% of Local 400's approximately 3,000 eligible members—actives, apprentices, pre-Medicare retirees and spouses—take advantage of the “Know Your Numbers” wellness program that makes them aware of their blood pressure, body mass index and cholesterol, triglyceride and blood sugar levels.

“We want people to understand if they are or are not healthy, to bring it to their attention that maybe there's something they need to do,” said Jeffrey Knaus, Local 400 business manager and a health fund trustee.

Reaching that participation level has taken out-of-the-box thinking and cooperation from larger employers happy to host screening clinics at their worksites. It has been a long process of trial and error that isn't yet finished, Knaus said. Over the next year, in hopes of driving participation as high as 85-90%, fund trustees will use the prospect of a \$50 per month surcharge on health plan premiums for members who fail to get a physical exam or biometric screening. The surcharge won't take effect until January 1, 2018 and will be dropped as soon as the member gets a physical or screening.

Knaus and James J. Hoppe, vice president of Benefit Plan Administration of Wisconsin, Inc., the fund's

third-party administrator, agree that assessing a penalty is a step most multiemployer health and welfare plans are reluctant to take. But it's one both labor and management trustees became convinced is necessary.

That “stick” will follow four years of relying solely on “carrots”—gift cards for getting both a physical or screening and, if necessary, a followup to try to improve health.

Incentives have risen from \$150 the first year (June 1 to May 31, 2014) to \$225 the second year and \$300 the third year, which runs from June 1, 2015 to May 31, 2016, and the fourth year, from June 1, 2016 to May 31, 2017. Incentives remain at \$300 unless a member fails to get a physical, in which case he or she drops back to the Year 1 level.

Members receive the full amount of the incentive, in the form of a prepaid MasterCard gift card, immediately after a screening—but only if all their numbers are OK. If any number is outside the healthy range, a member receives only a \$75 gift card. To get the remaining \$225, the member must agree to and complete four sessions of telephonic health coaching. Coaching sessions last about a half-hour and are about two weeks apart.

Fund trustees have decided that in Year 4, plan participants must get a screening or physical or they will be assessed the extra \$50 premium each month for 2018. That also applies to a spouse—so a union member potentially could pay an extra \$100 on health insurance premiums each month.

At the insistence of labor trustees, the surcharge will end as soon as the member and spouse comply.

Hoppe said trustees have urged members and spouses to get physicals at least since the late 1990s.

First, the fund made a free, comprehensive Health Dynamics physical available to members, Knaus said. "It's a great physical done at area clinics," he said. "The problem is, it takes 2½ to four hours and requires taking off work to get it done, plus maybe a half-hour drive to a clinic. . . . We weren't getting much participation."

In fact, Hoppe said, no more than 5% to 7% of members got that very thorough physical—a percentage that has remained constant. Wellness participation remained low even after the fund allowed participants to earn an incentive by going to their own physicians for a physical exam.

In November 2013—six months into the wellness year—Hoppe came to a board of trustees administration committee meeting and reported that out of 2,950 people eligible for incentives for getting an exam, only 60 had participated so far. Trustees figured they had to either try something else or dump the program, which was costing the fund money but getting poor results.

"The guys, in our opinion, were not willing to take time off from work to have it done," Knaus said. "So we decided to take it to them." The fund decided to offer 15- to 20-minute biometric screenings at convenient hours at the union hall, training centers and worksites.

Contractors—some of whom already were hosting screenings for nonunion employees—agreed to host the screenings, even for nonemployees who work for other contractors. Screenings also are offered at the union's two training centers in Kaukauna and Fond du Lac.

During the screenings, ten members have been what's called *white-sheeted*—sent to a hospital or referred to a doctor. Hoppe said that a clinician told him, "You can tell your client that, on average, that's a \$250,000 claim they just avoided! That's when it was really hammered home for a trustee who told me, 'Jim, if you're telling me we have only 50% of the people, we've got to get to them—and the only way we're going to get to them is to basically mandate it, have them pay out of their pocket.'"

The screenings may have saved at least two lives. One younger member, whom a screening nurse called a "ticking time bomb for a heart attack or stroke," canceled a vacation with his wife and young daughter after a screening

revealed his blood pressure was the highest the nurses had ever seen. And a labor trustee who originally opposed the proposed \$50 surcharge changed his mind when, feeling out of breath, he visited his doctor and learned an artery was 95% blocked.

The fund communicates details of its wellness program, including a smoking-cessation initiative, through e-mails, at union meetings and special informational meetings, and through a member newsletter each April, August and December. The fund's website recently was updated with the help of a marketing firm. Knaus said trustees have made sure that members are well-aware of the penalty coming in 2018, even delaying it for a year to be sure everyone knows it is coming.

Text messages have been a very effective communication tool, Hoppe and Knaus said.

The union already was using text messaging to quickly get the word out about available jobs and union meetings, Knaus said. "The younger generation doesn't want to answer the phone, but they'll get a text message and they'll respond."

The fund must pay UnitedHealthcare for a minimum of 50 screenings for each session of a screening event—even if only 30 people show up. Hoppe recalled that after that happened a few times, Knaus suggested trying a text message. A couple of weeks before a weeklong screening at the union hall that could accommodate 80 people each evening, "we were shy 20-25 a night, so we sent out a robotext telling people to call the fund office, along with our phone number," Hoppe said. "Oh, my gosh . . . the phone was ringing off the hook. We've been using that ever since. What I learned after the first time is that I've got to let the fund office staff know it's coming."

By spending \$66 on two robotexts, the fund saves \$55 for each unfilled slot—potentially several hundred dollars per screening event.

In the third year of the current incentive program, the fund finally is realizing a return on its investment in screenings and incentives, Hoppe said. "We clearly are on track and already over the hump. What we've already shelled out in incentives and the cost of the program, we've gotten that money back and then some in Year 3. That's encouraging. We know we're going in the right direction."