Successful Implementation of the Consumer-Driven Health Plan (CDHP)

John Young

Vice President, Consumerism
CIGNA HealthCare
May 8, 2008
Flight attendant

Industry Observations

Successful Implementation
  – Plan Design
  – Communication
  – Post Enrollment Engagement

The Holy Grail
Different … Not Difficult!

HRA or HSA

Deductible

Out-of-Pocket Maximum $?

Health Coverage After Deductible

100% Preventive Care

Health Coverage After Deductible

90%/70%?
80%/60%?
100%/80%?
Treatment of RX?
**Integrated Components**

- **HRA or HSA**
  - **Deductible**: $1,500
  - **Out-of-Pocket Maximum**: $2,500
  - **Health Coverage After Deductible**: 90% / 70%
  - **Member Responsibility**: 100% Preventive Care

**Summary**

- **Preventive Care**: Covered at 100%
- **Out-of-Pocket Maximum**: $2,500
- **Deductible**: $1,500
- **Coverage After Deductible**: 90% / 70%
Ownership in the plan design

- **$750** Employer Funded HRA or HSA
- **90/70% Health Coverage**
- **$750** Member Responsibility
- **100% Preventive Care**

**Out-of-Pocket Maximum:** $2,500

**Deductible:** $1,500

**Tiered Approach:**

- **Stick**
- **Carrot**
The Smith Family’s Consumer Driven Health Plan

90/70 Health plan

$1,000 Member Share

$1,500 HRA

Deductible $2,500

100% Preventive Care

Consumer Experience Example #1
### Smith Family’s 1st Year Experience

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Cost Breakdown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Adult Physicals</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>Child Immunizations</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$600</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Expenses</th>
<th>Cost Breakdown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Doctors Visits</td>
<td>$240</td>
<td></td>
</tr>
<tr>
<td>6 Prescriptions</td>
<td>$390</td>
<td></td>
</tr>
<tr>
<td>1 X-ray</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$190</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$920</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Paid by HRA**: $920

- **90/70 Health plan**: $1,000
- **Member Share**: $1,000
- **HRA**: $1,500

**Total**

- **Preventive Services**: $600
- **Medical Expenses**: $920
- **Paid by HRA**: $920
# Smith Family’s 1st Year Experience

## Preventive
- 2 Adult Physicals: $500
- Child Immunizations: $100

### Total
- $600

## Medical Expenses
- 4 Doctors Visits: $240
- 6 Prescriptions: $390
- 1 Xray: $100
- Chiropractic Care: $190

### Total
- $920

## Roll-over Balance
- $580

## Paid by HRA
- $920

## 90/70 Health plan
- $1,000 Member Share
- $580 Rollover
- $920 Expenses

## HRA Roll-over Balance
- $1,500

## 600
Smith Family’s 2nd Year Experience

Deductible $2,500

90/70 Health plan

$ 420 Member Share

$2,080 HRA

PREVENTIVE
Smith Family’s 2nd Year Experience

Preventive
- 2 Adult Physicals: $500
- Pediatric Exam: $150
- Total: $650

Medical Expenses
- 4 Doctors Visits: $280
- 8 Prescriptions: $420
- Lab Work: $210
- Chiropractic Care: $290
- Total: $1200

Paid by HRA: $1,200

90/70 Health plan
- Member Share: $420

Deductible: $2,500

$2,080 HRA

$650

Paid by HRA: $1,200
Smith Family’s 2nd Year Experience

---

Preventive
- 2 Adult Physicals: $500
- Pediatric Exam: $150
- Total: $650

Medical Expenses
- 4 Doctors Visits: $280
- 8 Prescriptions: $420
- Lab Work: $120
- Chiropractic Care: $380
- Total: $1200

Roll-over Balance: $880

Paid by HRA: $1200

90/70 Health plan: $420
Member Share: $880
Rollover: $1,200 Expenses

Deductible: $2,500

PREVENTIVE: $650
Options

- 90/70
- Member Share $120
- Rollover $880
- New HRA $1500
- $2,500
- $2380

- 90/70
- Member Share $620
- Rollover $880
- New HRA $1500
- $3,000
- $2380

- $2,500
- $2380

- $3,000
- $2380
Sandy’s Experience

Sandy:
- 50 years old
- Type II Diabetes
- Hypertension
- High Cholesterol

90/70 Healthplan
- $750 Member Share
- $1,500 Deductible

$750 HRA

PREVENTIVE
Sandy’s Experience

Sandy:
50 years old
Type II Diabetes
Hypertension
High Cholesterol
Hospitalized (abnormally high blood pressure).

90/70 Healthplan
$750 Member Share
$750 HRA

Deductible $1,500
Sandy’s Year One Consumer Experience

Preventive

Complete Physical $300

Total $300

Medical and Rx Expenses

4 Doctors Visits $620
Prescriptions $3,208
Lab Work $450
Inpatient Care $8,175

Total $12,453

Payment

HRA Pays $750
Member Share $750
Member Coinsurance $1,095

Health Plan Pays $9,858

90/70

$ 750
Member Share

$750
HRA

$1,095

Payment

$750

$ 300

$1845

PREVENTIVE

PREVENTIVE

PREVENTIVE

PREVENTIVE
## Out-of-Pocket Cost Comparison for Sandy

### Preventive
- Complete Physical: $300
- Total: $300

### Medical and Rx Expenses
- 4 Specialist MD Visits: $620
- Prescriptions: $3208
- Lab Work: $450
- Inpatient Care: $8175
- Total: $12453

### Paycheck Contributions
- CDHP: $0
- PPO: $20

### Total Cost Comparison
- Pocket Cost Comparison: $380
- Total Cost: $2,225
- CDHP: $600
- PPO: $2,027

Preventive Care:
- Complete Physical: $300
  - Total: $300

Medical and Rx Expenses:
- 4 Specialist MD Visits: $620
- Prescriptions: $3208
- Lab Work: $450
- Inpatient Care: $8175
- Total: $12453

Paycheck Contributions:
- CDHP: $0
- PPO: $20
# Sandy’s Year Two Consumer Experience

## Preventive

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Physical</td>
<td>$300</td>
</tr>
</tbody>
</table>

**Total**: $300

## Medical and Rx Expenses

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Doctors Visits</td>
<td>$350</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$800</td>
</tr>
<tr>
<td>Lab Work</td>
<td>$150</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total**: $1,300

## Payment

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA Pays</td>
<td>$750</td>
</tr>
<tr>
<td>Member Share</td>
<td>$550</td>
</tr>
<tr>
<td>Member Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

**HRA Pays**: $750

**Member Share**: $550

**HRA**: $750

**Member Coinsurance**: $0

**Total**: $1,300

### Financial Information

- **HRA**: 90/70
- **Member Share**: $750
- **HRA Pays**: $750
- **Member Coinsurance**: $0
Sandy’s Year Three Consumer Experience

Preventive

Complete Physical $350
Total $350

Medical and Rx Expenses

2 Doctors Visits $170
Prescriptions $250
Lab Work $50
Inpatient Care $0
Total $470

Payment

HRA Pays $470
Member Share $0
Roll-Over $280

HRA Pays $750
Member Share $750
HRA Roll-Over $350
• More than half of US employers either currently offer a CDHP or plan to offer one within the next two years.

• More prevalence among:
  Small (<250) & very large (>3,000) companies.
  Midwest
Watson Wyatt Health Care Trends Study

- 453 companies providing benefits to over 8 million individuals
- Survey conducted from November 2007 to January 2008
Adoption of CDHPs is steadily climbing

Note: * Indicates planned for 2009.
CDHP enrollment rates are on the rise

Note: 2006 data is based on the 12th Annual National Business Group on Health/Watson Wyatt Survey.
Median trend significantly declines for companies with higher CDHP enrollment

CDHP Enrollment Rates

- No CDHP: 7.0%
- Less than 10%: 6.5%
- 10 to 20%: 5.3%
- 20 to 50%: 5.0%
- 50% or more: 3.6%
Employers save money with CDHPs
Average cost per employee

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDHP/3.5%</td>
<td>$5,770</td>
<td>$5,970</td>
</tr>
<tr>
<td>HMO/7.6%</td>
<td>$6,616</td>
<td>$7,120</td>
</tr>
<tr>
<td>PPO/6.1%</td>
<td>$6,932</td>
<td>$7,352</td>
</tr>
<tr>
<td>POS/11.2%</td>
<td>$6,937</td>
<td>$7,714</td>
</tr>
</tbody>
</table>

CDHP/+3.5%  
HMO/+7.6%  
PPO/+6.1%  
POS/+11.2%
Employee reaction to HRA-based CDHP
Large CDHP sponsors characterize the response of employees enrolled in the plan.

- More negative than positive/Strongly negative 8%
- Evenly mixed between positive and negative 23%
- Strongly positive 21%
- More positive than negative 48%
Employee reaction to HSA-based CDHP

Large HSA sponsors characterize the response of employees enrolled in the plan.
Growth of HSA/HDHP Enrollment from March 2005 to January 2008

- March 2005: 1,031,000
- January 2006: 3,168,000
- January 2007: 4,532,000
- January 2008: 6,118,000

Categories:
- Other
- Other Group
- Large-Group
- Small-Group
- Individual
Percentage of Lives Covered by an HSA/HDHP, by Market Type

- March 2005: 64% Individual, 17% Small-Group, 19% Large-Group
- January 2006: 42% Individual, 25% Small-Group, 33% Large-Group
- January 2007: 26% Individual, 25% Small-Group, 49% Large-Group
- January 2008: 25% Individual, 30% Small-Group, 45% Large-Group
<table>
<thead>
<tr>
<th>State</th>
<th>Total Enrollment in HSA/HDHP Plans (number) of covered lives</th>
<th>Estimated HSA/HDHP Enrollment as a Percentage of Total Enrollment in Private Health Insurance (under age 65)</th>
<th>State</th>
<th>Total Enrollment in HSA/HDHP Plans (number) of covered lives</th>
<th>Estimated HSA/HDHP Enrollment as a Percentage of Total Enrollment in Private Health Insurance (under age 65)</th>
<th>State</th>
<th>Total Enrollment in HSA/HDHP Plans (number) of covered lives</th>
<th>Estimated HSA/HDHP Enrollment as a Percentage of Total Enrollment in Private Health Insurance (under age 65)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>40,050</td>
<td>1.5%</td>
<td>LOUISIANA</td>
<td>189,732</td>
<td>9.0%</td>
<td>OKLAHOMA</td>
<td>39,187</td>
<td>2.1%</td>
</tr>
<tr>
<td>ALASKA</td>
<td>12,068</td>
<td>3.0%</td>
<td>MAINE</td>
<td>18,211</td>
<td>2.3%</td>
<td>OREGON</td>
<td>63,714</td>
<td>2.9%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>103,611</td>
<td>3.1%</td>
<td>MARYLAND</td>
<td>121,890</td>
<td>3.2%</td>
<td>PENNSYLVANIA</td>
<td>130,335</td>
<td>1.6%</td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>44,154</td>
<td>3.0%</td>
<td>MASSACHUSETTS</td>
<td>37,995</td>
<td>0.9%</td>
<td>RHODE ISLAND</td>
<td>13,042</td>
<td>1.9%</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>638,999</td>
<td>3.1%</td>
<td>MICHIGAN</td>
<td>187,561</td>
<td>2.9%</td>
<td>SOUTH CAROLINA</td>
<td>116,816</td>
<td>4.8%</td>
</tr>
<tr>
<td>COLORADO</td>
<td>217,906</td>
<td>7.1%</td>
<td>MINNESOTA</td>
<td>325,074</td>
<td>9.2%</td>
<td>SOUTH DAKOTA</td>
<td>9,260</td>
<td>1.9%</td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td>135,141</td>
<td>5.8%</td>
<td>MISSISSIPPI</td>
<td>23,422</td>
<td>1.5%</td>
<td>TENNESSEE</td>
<td>126,606</td>
<td>3.5%</td>
</tr>
<tr>
<td>D.C.</td>
<td>29,995</td>
<td>8.7%</td>
<td>MISSOURI</td>
<td>88,112</td>
<td>2.4%</td>
<td>TEXAS</td>
<td>357,699</td>
<td>2.9%</td>
</tr>
<tr>
<td>DELAWARE</td>
<td>16,651</td>
<td>3.0%</td>
<td>MONTANA</td>
<td>25,779</td>
<td>4.7%</td>
<td>UTAH</td>
<td>70,021</td>
<td>4.2%</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>396,611</td>
<td>4.1%</td>
<td>NEBRASKA</td>
<td>76,429</td>
<td>6.4%</td>
<td>VERMONT</td>
<td>29,515</td>
<td>7.5%</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>165,111</td>
<td>2.9%</td>
<td>NEVADA</td>
<td>22,631</td>
<td>1.5%</td>
<td>VIRGINIA</td>
<td>105,669</td>
<td>2.1%</td>
</tr>
<tr>
<td>HAWAII</td>
<td>888</td>
<td>0.1%</td>
<td>NEW HAMPSHIRE</td>
<td>35,033</td>
<td>3.8%</td>
<td>WASHINGTON</td>
<td>101,254</td>
<td>2.5%</td>
</tr>
<tr>
<td>IDAHO</td>
<td>35,760</td>
<td>3.3%</td>
<td>NEW JERSEY</td>
<td>119,980</td>
<td>2.1%</td>
<td>WEST VIRGINIA</td>
<td>9,937</td>
<td>1.0%</td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>383,922</td>
<td>4.7%</td>
<td>NEW MEXICO</td>
<td>8,645</td>
<td>0.9%</td>
<td>WISCONSIN</td>
<td>210,026</td>
<td>5.6%</td>
</tr>
<tr>
<td>INDIANA</td>
<td>217,274</td>
<td>5.1%</td>
<td>NEW YORK</td>
<td>127,665</td>
<td>1.1%</td>
<td>WYOMING</td>
<td>13,790</td>
<td>4.2%</td>
</tr>
<tr>
<td>IOWA</td>
<td>97,705</td>
<td>5.0%</td>
<td>NORTH CAROLINA</td>
<td>128,143</td>
<td>2.5%</td>
<td>Uncategorized</td>
<td>135,556</td>
<td></td>
</tr>
<tr>
<td>KANSAS</td>
<td>56,206</td>
<td>3.2%</td>
<td>NORTH DAKOTA</td>
<td>10,317</td>
<td>2.5%</td>
<td>United States</td>
<td>6,18,107</td>
<td>3.4%</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>100,320</td>
<td>4.1%</td>
<td>OHIO</td>
<td>352,759</td>
<td>4.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Some responding companies were unable to categorize all of their HSA/HDHP enrollment by state within the deadline for this cer
Key #1 – the right plan design
HSA Single Coverage Design #1

- **Annual Deductible**: $1,100
- **100% Health Coverage**
- **HSA Fully Funded by Employer**
- **Preventive Care 100%**
HSA Single Coverage Design #2

- 100% Health Coverage
- HSA – No funding by Employer
- Preventive Care 100%
- Annual Deductible $5,600
Design starts with an objective

- **Benefit Neutral**
  - Employee Cost Share is equivalent to current plan offered.
  - Total Costs are Lower
  - = Same Value at Lower Cost

- **Cost Neutral**
  - Employer Cost is equivalent.
  - Employee Cost share is improved
  - = Better Value at Same Cost

- **Financial Target**
  - $ Per Employee Per Year
## HRAs and HSAs – How do They Compare?

<table>
<thead>
<tr>
<th>Feature</th>
<th>HRA</th>
<th>HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who Contributes</td>
<td>Employer</td>
<td>Employer and/or employee</td>
</tr>
<tr>
<td>2. Account Funded</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Account Ownership</td>
<td>Employer</td>
<td>Employee</td>
</tr>
<tr>
<td>4. Balances for Terminated Employees</td>
<td>Return to employer</td>
<td>Stays with employee</td>
</tr>
<tr>
<td>5. Eligible Expenses</td>
<td>Employer Defines</td>
<td>All 213 expenses</td>
</tr>
<tr>
<td>6. High Deductible Plan Required</td>
<td>Yes for HRA, No for HRA incentive plans added to PPO</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Out-of-pocket Limits</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Roll Over Limits</td>
<td>Yes – employer discretion</td>
<td>No</td>
</tr>
<tr>
<td>9. Can offer FSA</td>
<td>Yes</td>
<td>No (limited only)</td>
</tr>
<tr>
<td>10. Claim Adjudication</td>
<td>Required</td>
<td>Not for HSA, required for HDHP</td>
</tr>
<tr>
<td>11. Use Account for Non-Medical</td>
<td>No</td>
<td>Yes; taxable</td>
</tr>
</tbody>
</table>
Customized Consumerism Analysis

![Graph showing comparison between Traditional Plan and CDHP Plan over 5 years.](graph.png)
Plan Design Rules of Thumb

- Higher Deductibles and Larger Accounts = Better Consumerism
- Consider Incentives (more funds for Health Risk Appraisal or Biometric screening completion)
- Employer should partially fund the HSA. Consider up front funding.
- Start with Benefit Neutral Design – Targeting equivalent value and OOP equivalency
- Collective Deductibles lower the cost of insurance – freeing dollars for account funding.
- RX to be part of deductible in HRA plans.
- Consideration - RX changed to separate coinsurance design after deductible or treat RX like any other medical expense?
  - Part of Co-insurance after the deductible?
  - $20/$40/$60 Rx copays = 42% average member share
  - 30%/40%/50% Rx coinsurance = 42% average member share
Three Critical Components

1. Plan Design
   - Benefits are a clear driver. Consumers will not enroll in a plan that has no meaningful value.
   - We advocate a benefit neutral starting point to plan design.
   - Larger fund amounts partnered with larger deductibles drive more engagement and this drives better savings.
2. Contribution Strategy
   - Price to the employee is the biggest driver of enrollment decisions
   - Percentage based contribution strategies dampen price differences across product choices to the consumer.
   - We advocate a flat dollar approach. True price relativity across other choices is preserved.
3. Communication

- Disruption – changing or replacing current designs helps overcome powerful inertia.
- Creating an active enrollment environment - requiring employees to sign up new for benefits.
- Our communication roadmap - best communication practices learned from many Choice Fund customers.
Key #2 - Communication
$750 Member Responsibility

90/70% Health Coverage

$1,500 Deductible

$750 Employer Funded HRA or HSA

100% Preventive Care

$2,500 Out-of-Pocket Maximum
Perception - “My employees will not understand this new plan”
Key #3: Getting to the Hearts and Minds of Consumers
The capacity to communicate persuasively and credibly and motivate needed behavior change and “compliance”- to get the person to take ownership of their health.
The Goal of Consumer Engagement

Moving the individual from a passive role to an informed and active participant

Engage Consumer  →  Change Behavior  →  Improve Quality of Life and Productivity  →  Lower Cost
Employers scramble to cut costs, run out of options

Leading cost-cutting strategies:

- Promote preventive health benefits and healthy behaviors (27%).
- Increase disease management efforts (27%).
- Offer a consumer-directed health plan (26%).
Change – The Holy Grail
Obesity Trends Among U.S. Adults
1985
Obesity Trends Among U.S. Adults

1986

No Data         <10%             10%–14%
Obesity Trends Among U.S. Adults
1987

[Map of the United States showing obesity trends among adults in 1987, with states color-coded based on obesity prevalence: white for no data, light blue for less than 10%, and dark blue for 10%-14%.]
Obesity Trends Among U.S. Adults

1988
Obesity Trends Among U.S. Adults

1989

[Map showing obesity trends among U.S. adults in 1989 with colors indicating different percentage ranges: No Data, <10%, 10%-14%]
Obesity Trends Among U.S. Adults

1990

- No Data
- <10%
- 10%–14%

© CDC - SAFE IN THE AMERICAN PEOPLE
Obesity Trends Among U.S. Adults

1992

[Map of the United States showing obesity trends among adults in 1992 with color coding for different percentage ranges: No Data, <10%, 10%-14%, 15%-19%]
Obesity Trends Among U.S. Adults

1993

Legend:

- No Data
- <10%
- 10%–14%
- 15%–19%
Obesity Trends Among U.S. Adults

1994

[Map showing obesity trends among U.S. adults in 1994 with color coding for different percentage ranges: No Data, <10%, 10%-14%, 15%-19%]
Obesity Trends Among U.S. Adults

1995

- No Data
- <10%
- 10%–14%
- 15%–19%
Obesity Trends Among U.S. Adults
1996

No Data    <10%    10%–14%    15%–19%
Obesity Trends Among U.S. Adults

1998

[Map showing obesity trends among U.S. adults in 1998 with different colors representing the percentage of obesity ranging from No Data to ≥20%]
Obesity Trends Among U.S. Adults

2000

No Data            <10%               10%–14%           15%–19%             ≥20
Obesity Trends Among U.S. Adults

2002

(*BMI ≥ 30, or ~ 30 lbs overweight for 5'4" person)
Obesity Trends Among U.S. Adults
2003

No Data         <10%       10%–14% 15%–19%       20%–24%      ≥25%

[Map showing obesity trends among U.S. adults in 2003 with different states shaded based on obesity rates.]
Obesity Trends Among U.S. Adults
2004

[Map showing obesity trends by state with various color codes indicating different percentage ranges of obesity.]
Obesity Trends Among U.S. Adults

2005
Obesity Trends Among U.S. Adults

2006

Map showing obesity trends among U.S. adults in 2006 with varying shades indicating percentage of adults with obesity. The map uses color codes to represent different obesity percentages: No Data, <10%, 10%-14%, 15%-19%, 20%-24%, 25%-29%, and ≥30%.
Source: The Economist, 13 Dec 2003
Percent of adults who are overweight or obese by country

US 74%

Russia 50%

India 16%

WHO, 2007
Excess Body Weight and Reduction of Lifespan

Ann Intern Med. 2003;138:24-32
National prevalence of health risks

- Smoke: 21%
- High cholesterol: 30%
- High BP: 30%
- Overweight/obese: 67%
- Inactive: 78%
- Poor diet: 80%

CDC, BRFSS, 2002
Percent of Chronic Diseases That Are Caused by Poor Lifestyle

Sources: Stampfer, 2000; Platz, 2000; Hu,
Diabetes Among Adults in the U.S.,
2001
Diabetes and Reduction in Lifespan

US Mean

Diabetic at 40

Males
Females

JAMA 2003;290:1884-1890
The Bottom Line

Unhealthy behaviors → Health risks → Chronic disease → Health care costs
Eat off smaller plates
Skip Seconds
Pace the sidelines at kid’s athletic games

Small Steps
Take Small Steps Today!

1. Walk to work.
2. Use fat free milk over whole milk.
3. Do sit-ups in front of the TV.
4. Walk during lunch hour.
5. Drink water before a meal.
6. Eat leaner red meat & poultry.
7. Eat half your dessert.
8. Walk instead of driving.
9. Take family walk after dinner.
10. Skate to work instead.
11. Avoid food portions larger than needed.
12. Mow lawn with push mower.
13. Increase the fiber in your diet.
14. Walk to your place of work.
15. Walk kids to school.
16. Get a dog and walk it.
17. Join an exercise group.
18. Drink diet soda.
20. Do yard work.
21. Eat off smaller plates.
22. Get off a stop early & walk.
23. Don’t eat late at night.
24. Skip seconds.
25. Work around the house.
26. Skip buffets.
27. Grill, steam or bake instead of frying.
28. Bicycle to the store instead of driving.
29. Take dog to the park.
30. Ask your doctor about taking a multi-vitamin.
31. Go for a half-hour walk instead of watching TV.
32. Use vegetable oils over solid fats.
33. More carrots; less cake.
34. Fetch the newspaper yourself.
35. Sit up straight at work.
36. Wash the car by hand.
37. Don’t skip meals.
38. Eat more celery sticks.
39. Run when running errands.
40. Pace the sidelines at kids’ athletic games.
41. Take wheels off luggage.
42. Choose an activity that fits into your daily life.
43. Try your burger with just lettuce, tomato, and onion.
44. Ask a friend to exercise with you.
45. Make time in your day for physical activity.
46. Exercise with a video if the weather is bad.
47. Bike to the barbershop or beauty salon instead of driving.
48. Keep to a regular eating schedule.
49. If you find it difficult to be active after work, try it before work.
50. Take a walk or do desk exercises instead of a cigarette or coffee.

www.smallstep.gov
Key to Successful Implementation

- Commitment and Leadership Involvement
- Plan Design
- Contribution Strategy
- Recognize the significance of the change
- Communicate early and often
- Use multiple communication channels
- Select the right Consumerism partner
Don’ts

- Don’t ignore it
- Don’t let lack of provider quality data stop you
- Don’t look at CDH as a Short Term Cost Reducer
- Don’t skimp on Communications
- Don’t skimp on Employee Facing Tools
- Don’t believe disease management or wellness is enough
- Don’t forget leadership
The New Role of the Broker

- More Strategic
- Less support of overrides
- Leadership into the future vs. renewal orientation
- Shift from “fixed costs” and “discounts” orientation to utilization reduction and employee engagement focus.
- HRA only, HSA only, HRA and HSA strategy.

The Advisors who become expert in CDHP will own the town.
John Young
john.young@cigna.com

952-996-2147 office
612-490-2184 mobile