PROBLEM
Employers are facing difficult times with respect to controlling costs associated with health care benefits provided to employees. Current trends in employer health care costs are unsustainable. Employers are searching for ways to address these costs through wellness programming. There is an ongoing need to assess the efficacy of these wellness programs.

BACKGROUND
The Aurora Live Well wellness program provides incentives and programs to encourage weight loss for obese caregivers and spouses. Quantifying the benefits of these programs to the participants and to the organization was examined which included an assessment of the overall shift in BMI and changes in health care claims costs for those who participated in the program.

OBJECTIVE
To understand the impact of an incentivized weight loss wellness program and the relationship between weight loss and caregiver health insurance claims costs.

METHODS
There are seven weight loss programs offered by the Aurora Live Well program. Two of the seven were selected for analysis as they showed the highest average weight loss per participant. These two programs were a “Self-Directed” program where the participant lost at least 5% of their weight using methods of their own choice, and the HMR Health Management Resources program which consists of a diet of prepackaged meals along with weight loss coaching. For those programs, annual BMI screening data and health insurance claims costs were analyzed using pre and post weight loss program participation. Claims total were also compared for both medical and pharmacy claims for the year prior to participation and the year post participation.

RESULTS
For the HMR program participants, the average weight loss was 23.6 pounds per/post program participation. The mean medical claims costs dropped by $3335 for the year after participation and pharmacy claims increased by $347 when comparing pre/post. For the self-directed weight loss group, the average weight loss was 9.6 pounds per/post program participation. The mean medical claims costs actually increased by $1,181 and pharmacy claims increased by $1,380.

CONCLUSIONS
This research shows some support for interventions targeting obesity in a workplace setting and the idea that weight loss results in lower health care costs. Both programs showed positive results in terms of weight loss, but only one program showed positive results in terms of health claims costs. This program produced a higher level of weight loss. Thus, it may be that a certain threshold of weight loss must be reached before health claims costs savings can be realized.

REFERENCES