

# Employers and insurers struggle to find how best to promote healthy behaviors

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By Bill Toland, Pittsburgh Post-Gazette



Anita Dufalla/Post-Gazette

The health risk survey asked the Edinboro University faculty how much they drink, how often they smoke and exercise, if they ever feel depressed.

The Edinboro experience underscores one of the biggest challenges facing the health care system -- how far should employers and insurers go, and how invasive should they be, in trying to discover and alter the unhealthy behaviors of their employees and customers?

Destructive behaviors -- drinking, reckless driving, overeating, smoking, failure to wear sunscreen -- drive up the cost of health care for everyone; that's not up for debate. What is debatable is how best a health insurer and an employer, which end up paying much of the tab for our poor health decisions, can curb those behaviors.

Is that even their role? Should insurers provide a carrot, by offering gas cards to those who, say, lose weight or participate in a wellness program? Do they hit employees with a stick, with higher employee premiums, if they choose not to participate in the program?

Consider Lisa Austin, an Edinboro professor, hit with a stick.

"There's a real concern about privacy issues and the exchange of data," she said. She's one of the 15 or so percent of faculty and staff who have yet to sign up for the State System of Higher Education's new wellness program.

Edinboro University professors (as well as those at Indiana University of Pennsylvania, California University and other state schools) get their health insurance through Pittsburgh's Highmark Inc., Included in the compensation package negotiated with Highmark and the State System of Higher Education was a "strong recommendation" that employees participate in a wellness program.

If the professors, represented by the Association of Pennsylvania State College & University Faculties, opt out of the wellness program, starting this year they have to pay higher premiums -- a \$300, or 50 percent, increase annually -- a punitive measure for nonparticipation.

Or, if you look at it the other way, it's a \$300 reward for participants, not a punishment for nonparticipants. If they haven't signed up by July, the premiums are again increased. (The higher premiums for nonparticipation impact only those state school employees and faculty who have Highmark PPO or indemnity coverage.)

It's one of the things that has upset faculty -- that an "entirely voluntary" program seems compulsory, when you factor in the financial hit.

And some faculty didn't trust the idea of writing down all their health issues in an online survey -- those are the types of private issues that they'd rather discuss with a doctor they trust.

"The people who didn't join, that's one of the major reasons why," said Kevin Kodish, communications director at APSCUF, the faculty association.

The wellness program is called Healthy U, and the "health risk assessment" survey and other elements of the program are subcontracted to HealthMedia Inc., a Michigan company that is "revolutionizing behavior change by delivering scalable, Web-based interventions that generate proven outcomes." Those "Web-based interventions" include the survey and the follow-up personalized health plan crafted from the survey results.

"I don't think that I had seen anything where the questions were quite so detailed," said Deven McGraw, director of the Health Privacy Project at the Center for Democracy and Technology in Washington, D.C.

"It's not that the questions were wrong per se. ... Those behaviors are what are driving our health care costs."

But insurers are wandering into a realm more traditionally occupied by doctors, which is why the information gleaned from such automated programs may be suspect in some cases. Polling has shown that one in six people lie in these types of health risk surveys, she said.

"That sort of defeats the purpose of the form," she said.

She also had privacy concerns, especially in light of new health care privacy rules that were tightened when the 2009 stimulus bill was passed. The package requires not only health care providers -- such as insurers and hospitals -- to comply with the privacy provisions in HIPAA (the Health Insurance Portability and Accountability Act), but also "business associates" of health care providers.

HealthMedia would be an example of a business associate.

Highmark says HealthMedia is not sharing that poll data with outside vendors -- that would be

illegal, violating existing health care privacy laws.

Still, the Association of Pennsylvania State College and University Faculties was so concerned about the program that it felt the need to consult with Ms. McGraw last year. In October, Highmark's Dave Yinger sought to put out the fire by writing to Pamela Brand, associate vice chancellor for human resources at the State System.

"The Healthy U program is entirely voluntary," he wrote. "HealthMedia is prohibited by contract from using member health information for marketing purposes [or research purposes] without the express written consent of Highmark and Healthy U participants."

Mike Fiaschetti, a senior vice president at Highmark, acknowledged that the breadth and depth of the survey questions might be unsettling to some -- notably, his own sister.

"She said, 'Mike, why are they asking me to fill out all that stuff?' ... We're not trying to substitute for the doctor. We're not trying to get in between the doctor-patient relationship," he said.

Instead, insurers are trying to get answers to questions doctors may not ask of patients, or questions patients may not think to ask of doctors.

"They don't have an hour to go take someone through a questionnaire," he said. And he noted that the compulsory elements of the program -- requiring check-ups, for instance -- can prove beneficial, and even life-saving, in some cases. He said he'd been told of cases of patients who'd discovered they had cancer after a doctor's visit prompted by a health-risk screening.

"This is so important," he said.

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