



HRAS: TIME AND MONEY WELL-SPENT

In response to Lisa Holland's April 1, 2011 *National Healthcare Reform Magazine* article, "Health Risk Assessments: A Waste of Time and Money" (promoting Simplicity Health Plans)

There is usually a grain of truth in most dissenting opinions regarding the proper way to manage an employee wellness program. It is true that we know what most people need to do to improve their health – namely, eat more healthfully, eat less, and exercise more. You don't need a health risk assessment (HRA) to tell you that. But are HRAs a waste of time and money?

I suppose the same question could be posed about medical care. Since we already know which health problems are the most common and what most patients need to do to correct them, why should a doctor waste time and money doing physical exams and blood tests? The answer to both questions is the same: You have to find out what each individual needs to see the most improvement.

Most people are overweight, but a third of the population is not. Some have high blood pressure, high cholesterol, or high blood sugar, but the majority do not. It's vital for each person to know what his or her major health risks are and what specifically can be done to minimize the risks and prevent serious health problems in the future. That's the primary purpose of an HRA.

Here are several excellent and proven reasons why you do need a good health assessment at the start of a wellness program.

- 1. Each individual needs to know what his or her major health risks are.** Some are obvious, such as smoking and obesity. Others are not. Those include high blood pressure, high cholesterol, specifics about poor eating habits (i.e., low intakes of fiber, fruits, vegetables, and whole grains), and symptoms of depression.
- 2. Each individual needs a Personal Prevention Plan** – specific steps on how to lower identified risks and how to specifically improve health. A good HRA provides this information with personalized and specific guidelines for lowering the risk of heart disease, diabetes, cancer, and improving eating habits (based on their individual needs), improving their fitness level, etc.

- 3. HRAs establish benchmarks.** When a company starts a wellness program, it is important to have benchmarks – both for individuals (weight, cholesterol levels, activity levels, eating habits, mental health indicators, etc.) and for the organization (number of smokers, number of sedentary individuals, number of employees with signs of depression, etc.) so you can measure change and improvement.

Before HRAs became readily available, people ran wellness programs "blind" – without knowing anyone's health needs, company-wide health needs, or benchmarks. Then when administrators were asked if their wellness programs were successful, no one knew. They had no way to measure improvement. Are there fewer smokers now? Are people eating more healthfully? Are more people exercising now? How can you tell a person that he or she has improved this year (or not improved, as the case might be) unless you can compare current results with earlier benchmarks? Without a good HRA, you wouldn't have a way to track improvement year by year, which means you couldn't show if your program is beneficial. Measuring outcomes is critical for documenting improvement and benefits from your program.

- 4. You can identify groups with specific needs for intervention.** If you are a wellness coach working with people to improve their health, would you want to work blind – and not know their health needs or practices? Or would you rather have a wealth of information with recommendations at hand so you could talk to people intelligently and specifically about their health? A good HRA lets you query the database to find specific groups that need special attention. This is invaluable for inviting people with specific needs to an intervention. For example, if you have a new intervention on stress management, wouldn't it be valuable to specifically invite those who have signs of stress?

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5. Self-reported information IS reliable and is the most common way health information is collected. When an HRA is conducted properly and people are assured that their information will not be seen by management, but used only for their own benefit, the information gathered is quite reliable. Nearly all health studies conducted by the government and research programs are based on self-reported questionnaires. All good HRAs also include collecting biometric data such as height and weight measurements, body composition, blood tests, blood pressure, and fitness tests. These data increase the HRA's accuracy and objective results. In her article, Lisa does point out the value of collecting biometric data. If you collect this data, you need to record it in a database so you can track any changes, do group statistics, and show individuals their results. A good HRA does all of this automatically.

6. Health insurance claims don't tell the full picture. For example, if a person is taking a beta blocker, does he or she have high blood pressure, coronary heart disease, or a heart arrhythmia? Do you want to wait until a person is taking diabetes medication to identify who has diabetes, or would you rather have the ability to identify pre-diabetes or those who are at risk of developing diabetes, long before they start taking medication? People with undiagnosed diabetes (a sizeable part of the population) who also

have depression or hypertension won't be found at all just by looking at health claims. But they would be identified with a good HRA and biometric screening. Claims data will give you some information, but it can't paint a complete picture. It is largely "reactive" – identifying people who already have disease rather than finding those at risk for developing disease.

7. Family history is not as important as personal information. It's true that government regulations have limited data gathering by disallowing family health history and personal genetics questions on HRAs in certain circumstances. But while family history is important, it isn't critical. In fact, in the esteemed Nurses' Health Study, women with modifiable risk factors for diabetes had the same risk whether or not they had a family history of diabetes. A good HRA report will point out to individuals that if they have a history of early heart disease, diabetes, or cancer, they may be at even higher risk.

I know that no good doctor would ever treat a patient without gathering a medical history and doing health tests and examinations. Wellness counseling and assessment need to be given the same careful attention and professional treatment to help companies achieve high quality outcomes with their wellness programs. HRAs, which can be done inexpensively and quickly online, provide a rich and beneficial addition to any wellness initiative.

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In the early 1970s, Dr. Hall founded Wellsource, Inc. As Chairman, Dr. Hall continues to lead the company into an era when being healthy is not only a good idea – it's good for all businesses. Additionally, Dr. Hall serves as an industry expert and public speaker. Recently, he was invited to participate in a panel presentation put on by the Centers for Disease Control (CDC), which was charged with developing guidance on the use of HRAs with Medicare patients.

An active fitness and health enthusiast, Dr. Hall has completed 18 marathons, bicycled across five states, as well as Germany and Austria, and climbed to Camp 1 on Mt. Everest.



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