

Staff Wellness Subcommittee Goals and Activities

GOAL #2

**Promote the use of the CareFirst Disease Management/Health Coaching Program.
“When you get the call, take the call”.**

Activities:

- 2.1 Note current participation statistics.
- 2.2 Advocate for the importance of employees/retirees taking responsibility for their own wellness through concentrated, bi-annual communication plan.
- 2.3 Communicate to participants.
- 2.4 Build into a regular communication plan that includes education, advantages of participating, confidentiality, and possible web links.



GOAL #2 - Promote the use of the CareFirst Disease Management/Health Coaching Program (for healthcare enrollees). “When you get the call, take the call”

Activity 2.1 – Note current participation statistics.		In place by	Responsibility
		May 1	HR/Benefits
Steps	Expected Outcomes	Monitoring	
<ol style="list-style-type: none"> 1. Review data with CareFirst to ensure most current data analyzed, complete understanding of data is clear, and top trends highlighted. 2. Present issue to HR Executive Director/CFO, Consultant in which healthcare issues are addressed including this goal and proposed activities. 	<ul style="list-style-type: none"> • Better understanding of objective and buy-in by senior management as a way to promote quality healthcare and cost management/containment. • Union support to ensure increased participation. • Promote action of participants to get involved in the better management of personal and family chronic disease states. 	<ul style="list-style-type: none"> • Review prior year participant data reflecting low utilization of this benefit (Healthways and TCCI) • Review CareFirst input regarding data review. 	



Activity 2.2 – Advocate for the importance of employees/retirees taking responsibility for their own wellness through concentrated, bi-annual communication plan.		In place by	Responsibility
		Bi-annually	HR/Benefits/Staff/Retirees
Steps	Expected Outcomes	Monitoring	
<ol style="list-style-type: none"> 1. Review Communication options: letters, newsletters (active/retirees), continued bi-annual effort for the year. 2. Obtain management direction, CF, and consultant direction and input. 	<ul style="list-style-type: none"> • Greater understanding by participants of what the program is and if they are contacted to participate. • Participants taking a greater role in their healthcare to manage outcomes more successfully. • Increase participation and possible decrease in overall healthcare costs. 	<ul style="list-style-type: none"> • Participant feedback to AACPS/CareFirst. • Annual/bi-annual reviews of participation. 	

Activity 2.3 – Communicate to participants.		In place by	Responsibility
		Bi-annually	HR/Benefits
Steps	Expected Outcomes	Monitoring	
<ol style="list-style-type: none"> 1. Provide initial communication (once methods are ascertained) by May 1 and establish bi-annual distribution dates. 2. CareFirst and Benefits staff educated and available for questions regarding mailing. 3. Provide information on website regarding this opportunity. 	<ul style="list-style-type: none"> • Improved participant knowledge of health coaching for chronic disease states. • Reduced healthcare expenses and better participant outcomes. • A healthier, more knowledgeable community 	<ul style="list-style-type: none"> • Feedback/Questions from participants. • Healthcare costs review. • Data from TCCI, Healthways in bi- annual reviews. • Check website for hits. 	



Activity 2.4 – Build into a regular communication plan.		In place by	Responsibility
		Bi-annually	HR/ Benefits
Steps	Expected Outcomes	Monitoring	
<ol style="list-style-type: none"> 1. Develop a plan of bi-annual communications to staff/retirees with disease management related topics. CareFirst/Consultant should be contacted for topics/trends. 2. Plan should include interoffice/US mail plans, labels, envelopes etc. and timing of mailing. 3. Include more extensive promotion in open enrollment materials each fall. 4. Have a Healthways table at OE Health Fairs/Special Focus Fairs who provides information on health coaching areas. 5. Look into web links on CareFirst website to highlight to participants 	<ul style="list-style-type: none"> • Continued targeted communications will increase participation in CareFirst health coaching opportunities. • Educate participants that this is voluntary and completely confidential. • Participants will become more proficient in opportunities to manage their illness state. • Overall health of participant will maintain/improve. • Over long-term increased utilization of this benefit will improve healthcare costs. • Primary healthcare disease states, such as diabetes will see a reduction in cost, or stabilization. 	<ul style="list-style-type: none"> • Monitor bi-annual and annual reviews for updates in participation. • Participant feedback through annual survey, calls, etc. • Review on-going healthcare costs for reductions/stabilization. 	

