



National Wellness Institute Members

Ask the EXPERTS

An e-publication of the National Wellness Institute

Vol. 2 No. 4

on...Promoting Medical Self-Care and Wise Health Consumerism

Meet the Expert



Don R. Powell, PhD, is President and CEO of the American Institute for Preventive Medicine (AIPM), Farmington Hills, MI. He is the author of fourteen best-selling self-care guides including *Healthier at*

Home, the *HealthyLife® Self-Care Guide* (winner of the National Health Information's "Excellence in Health Education Award") and *A Year of Health Hints*.

He has also written self-care publications for women, men, seniors, children, adolescents, pregnant women, Medicaid recipients, and military personnel. His *Military Self-Care Guide* has been used by the U.S. Army and Air Force and has significantly reduced troop medical clinic visits. In 18 studies, the Institute's self-care guides have demonstrated an average savings of \$71.42 per person in nine months due to reduced physician and emergency room visits.

Dr. Powell is considered a leading authority on the design and implementation of community and corporate health management programs and has received numerous awards for his work in health promotion.

A licensed psychologist, Dr. Powell earned his Ph.D. in psychology from the University of Michigan where he is currently a guest lecturer.

AIPM is a leading developer and provider of health management programs and self-care publications and internationally recognized for presenting consumer-health information in an easy-to-understand and motivating format. For more information, visit the Institute's website at www.HealthyLife.com.

Special Note from Don Powell

I want to thank all National Wellness Institute members who submitted their questions about medical self-care and wise consumerism. The questions were quite insightful and reflect the sophistication of the Institute's members. Even though I have written extensively on the subject of medical self-care and wise consumerism, I certainly do not feel I am the definitive source for responding to your questions, but I have given it my best effort. I hope that my responses are of help to you and your wellness programming.

You will note that I have used research and examples involving the American Institute for Preventive Medicine's experience with medical self-care. This was not an attempt to promote the Institute's products, but rather this is the experience with which I am most familiar.

I welcome your feedback and additional questions you might have at dpowell@healthylife.com or by calling (248) 539-1800, ext. 221. For additional information on medical self-care and wellness, see the journal articles I have written on the subject that are available at our website at www.HealthyLife.com.

Yours in good health,

Don R. Powell, Ph.D.

President and CEO
American Institute for Preventive Medicine

Special Note to NWI Members

In an effort to reduce health care costs, companies, hospitals, and managed care organizations are trying to teach employees/ members to make better health care decisions. Approximately 25 percent of all doctor visits and 55 percent of all emergency room visits are deemed to be unnecessary. Since the average doctor visit in the U.S. costs \$60 and the average emergency room visit costs \$383, a great deal of money is being spent unnecessarily. [See the answer to Question 31 on page 13 for references.]

Research has shown that implementing a medical self-care program is an effective way to reduce health care costs and absenteeism

Thank you to Don Powell for sharing his expertise with NWI members on this very important wellness topic.

Thank you to all the NWI members who submitted questions on a variety of issues in promoting medical self-care and wise health consumerism that generated the informative discussion that follows.

Anne Helmke
Member Services Team Leader
National Wellness Institute

Coming up . . .

In the next edition of *Ask the Experts*, Mary Kay Sawyer-Morse, PhD, RD, LD will answer NWI member questions on promoting good nutrition and healthy eating.

Topics Covered in This Edition

Page

- 3 Skills Needed for Practicing Medical Self-Care
- 3 Economic Case for Promoting Self-Care
- 3 Starting a Medical Self-Care Promotion Program
- 6 Incentives for Medical Self-Care
- 7 Promoting Medical Self-Care for Health Care Workers
- 8 Promoting Medical Self-Care in Small Businesses and Multi-site Companies
- 9 Promoting Self-Care With Limited Resources
- 9 Self-Care for College Students
- 10 Self-Care for Older Adults
- 10 Evaluating the Cost-Benefits of a Medical Self-Care Program
- 11 Self-Care and Consumer-Driven Health Care
- 11 Fundamentals of Wise Health-Care Consumerism
- 12 Legal Implications of Promoting Medical Self-Care
- 12 Medical Self-Care for Mental Health
- 12 Self-Care Within the Military System
- 13 Somatics Education and Self-Care
- 12 Reference for Statistics
- 14 Future of Medical Self-Care

Skills Needed for Practicing Medical Self-Care

Q1.

NWI MEMBER: What are the key skills needed for practicing sound medical self-care?

DON POWELL: Medical self-care is defined as behaviors that a person engages in to prevent, diagnose, and treat a medical problem. It usually involves decisions regarding everyday health problems, rather than chronic conditions. It also encompasses promoting good health habits and safety as a way of preventing illness and injury.

One set of skills for medical self-care include living a healthy lifestyle by engaging in proper nutrition, weight control, stress management, physical fitness, blood pressure control, tobacco cessation, and moderate use of alcohol. A second set of skills involves knowing what common health tests and immunizations you should have for your age, race, and sex. Finally, medical self-care means making better decisions about what symptoms require medical attention and those that can be treated at home using self-care. This is important as approximately 25 to 40 percent of all doctor visits are deemed to be unnecessary and 55 percent of all emergency room visits are for non-emergent issues. I like to use the example that if you have a cold and go to the doctor, you will get better in seven days whereas if you have a cold and treat yourself at home, you'll get better in a week.

Economic Case for Promoting Self-Care

Q2.

NWI MEMBER: How much does unnecessary use of the health care system really cost us?

POWELL: According to the National Hospital Ambulatory Medical Care Survey, in 2003, there were 114 million visits to hospital emergency rooms. This comes out to 38 visits per 100 persons. When you apply the fact that 55 percent of E.R. visits are for non-emergent situations, there were 63 million unnecessary visits. At an average cost of \$383 per visit, we collectively spent \$24 billion on unnecessary E.R. use.

Also in 2003, there were 906 million visits to non-federally employed office-based physicians. This comes out to approximately three visits for every man,

woman, and child in the U.S. When applying the conservative figure that 25 percent of these visits are not needed, there were 226 million unnecessary doctor visits. With an average doctor visit cost of \$60 per visit, we spent \$13.6 billion on unnecessary doctor visits.

Although these figures involve the entire United States, an organization can apply the same projections to its own employee population.

[See the answer to Question 31 on page 13 for references.]

Starting a Medical Self-Care Promotion Program

Q3.

NWI MEMBER: What are the essential components of an effective medical self-care program?

POWELL: There are six basic components of a comprehensive medical self-care program:

- 1) It begins with a brochure/cover letter that introduces the program, explains why it is being offered, and what it will consist of.
- 2) There is the distribution of a self-care publication. This can be in the form of brochures, booklets, or books. This educational tool helps consumers determine what symptoms require medical attention and which ones can be treated by oneself using self-care.
- 3) A self-care workshop can be offered to help recipients of the self-care guide make optimal use of it. This workshop can be in the form of an instructor-led presentation, videotape, DVD, audiotape, or online seminar.
- 4) A nurse advice line can be offered whereby employees/members can call a toll-free number 24 hours a day to speak to a registered nurse about their health concern.
- 5) Self-care information can be put online or on a CD so consumers can access it through their computers.
- 6) The last component is program promotion. A medical self-care program is a process rather than a one-time event. It doesn't begin and end with the distribution of a self-care guide, dissemination of a nurse line's toll-free number, or the URL for an e-health portal. Research has shown that the more people use self-care resources, the greater the cost savings will be. Promotion is very important and should be an ongoing effort throughout the year. This promotion can consist

of posters, flyers, paycheck stuffers, table tents, newsletter articles, postcard reminders, email messages, refrigerator magnets, and phone stickers.

In fact, given the low cost of self-care guides, it would be cost effective for a company to give a new manual annually to its employees. It could either be a new edition of the same family guide, a different family self-care guide, or a more targeted self-care guide, such as one for women, men, children, adolescents, etc. This would benefit people who have misplaced their guide or want an updated edition. It would also serve to jumpstart the self-care program and remind people the importance of using their guide.

Q4.

NWI MEMBER: How do you start and run a medical self-care program in the workplace?

POWELL: Like other wellness interventions, you need to obtain upper management support for conducting a medical self-care program. This can be achieved by presenting the benefits of such a program which include a reduction in unnecessary doctor and emergency room visits, a reduction in health care costs, decreased absenteeism and presenteeism, saved time, increased employee satisfaction with their care, and increased patient empowerment. The American Institute for Preventive Medicine offers organizations a free Medical Self-Care Return on Investment Analysis to help them understand what cost savings can be achieved.

Once support is given and a budget is approved, you would contact one of the major medical self-care providers mentioned in my introductory remarks to review their product offerings. You would also need to determine which components of a medical self-care program discussed in Question 3 you wish to offer.

Q5.

NWI MEMBER: What guidelines do you recommend for selecting self-care publications?

POWELL: There are nine key criteria for selecting a self-care publication:

1) Clinical Review

Just about all the medical self-care manuals on the market have strong clinical review teams. You can be confident that the information they provide is accurate.

2) Track Record

Most important is the publication's track record for reducing health care costs and absenteeism. Have

studies been conducted on the specific guide you are considering, and what were the results? Also, has the guide been used successfully in a population group similar to the one at your organization, i.e., hospital employees, manufacturing workers, union members, Medicaid recipients, etc.?

3) How Information Is Presented

Some guides use a flow chart format that steers the reader to the appropriate level of care based upon their symptoms. Others use a format where "emergency symptoms," "go to the doctor symptoms," and "symptoms that can be treated with self-care" are listed under general headings.

4) Reading Level

You would prefer that your guide be written at a 6th grade reading level as it can be used by a diverse population group. My experience is that the information should be presented in an easy to follow and simple format even for people with advanced educational degrees.

5) Customization

Most self-care publishers will print a name and logo on the cover, but the minimum quantity for doing this differs. Some providers specialize in more advanced customization where they can develop a new cover, add or subtract topics, and/or reinforce use of a nurse advice line. Some will even design a totally new self-care guide geared towards the unique needs of the organization. For example, the American Institute for Preventive Medicine has designed a self-care guide for a BlueCross BlueShield plan based upon their most frequently used ICD-9 codes, a self-care guide geared towards the issues of basic training for the United States Army, and a guide with topics more geared to veterans, like posttraumatic stress syndrome for the Veterans Administration.

6) Publication Length

Depending upon your budget and how comprehensive you want the guide to be, you can make selections from among brochures, booklets, and books.

7) Cost

Most self-care guides that are similar in length tend to be similar in price. Self-care brochures cost less than booklets, and booklets are less expensive than books.

8) Graphic Look

Self-care guides can be one color, two color, or full color. Color can make a guide more appealing and interesting to recipients. You also want to make sure the type size is appropriate for your population group. For example, publications geared towards the 50+ population should have at least a 13-point font size.

Photos and illustrations can also enhance the look and information in a self-care publication.

9) Currency

You want to know when the guide was last published and updated. For example, more recently published self-care guides would have the latest health screening guidelines, HRT recommendations, cholesterol guidelines, blood pressure guidelines, and information about bird flu.

Q6.

NWI MEMBER: Is a medical self-care program just a strategy by companies to discourage people from using health care services as a way to save money?

POWELL: Nothing could be further from the truth. A medical self-care program is designed to teach people to use health care services appropriately. In the same way, it provides education as to what symptoms do not require medical attention, and it also gets people into treatment who need to be seen. This can prevent a problem from getting worse and even save a person's life. The two anecdotes that follow clearly illustrate this point:

On October 2, 2005, I was in the Lowe's home improvement store in Bloomfield Hills, MI. Lowe's provides the Institute's *Health at Home*® self-care guide to all employees on its insurance plan. A sales specialist was helping me with a purchase. Without identifying who I was, I asked him if he was on the company's health plan and had received a copy of the self-care guide. He said, "Not only did I receive the book, but it saved my life." I asked him how. He said that about a year ago, he was experiencing stomach pain and vomiting. When the symptoms persisted until the next morning, he referred to the guide to determine what to do. The guide stated that his symptoms should be seen by a doctor, and he promptly did. By this time, his body's systems were shutting down and he was diagnosed with acute pancreatitis. He was rushed to the hospital and spent 30 days in intensive care. The doctor told him he would have died had he not come in when he did.

Another anecdote involved a middle-aged man who was experiencing chest pain. He initially ignored the symptoms, but after his wife read the Institute self-care guide, she insisted he go to the emergency room. At the E.R., he was diagnosed with having a heart attack due to advanced coronary artery disease. A triple bypass operation was performed within the hour. Had he not received immediate treatment, he would not be alive today.

Q7.

NWI MEMBER: Should employees pay the cost of a medical self-care program?

POWELL: I firmly believe that the more employees who receive a self-care guide, the greater the health care cost savings for the company will be. Many employees would not receive the manual if they had to purchase it themselves. Also, since the company benefits as much if not more than the employee, I think employers should pay for the manuals.

I don't think self-care guides should be used as an incentive to participate in a wellness program. Once again, not every employee would receive one, which prevents the company from receiving the maximum benefit that self-care guides can provide. There are many other types of wellness publications and health related items that can be used as incentives.

Medical self-care programs are one of the least expensive health promotion interventions, yet have one of the greatest return on investment (ROI). It behooves any organization to place a guide in every employee's hands. Another advantage is that one guide is used by the entire family so there is no extra cost to reach dependents of employees, many of whom are on the company's health plan.

In one study, Capital Blue Cross and Pennsylvania Blue Shield distributed the *HealthyLife*® Self-Care to the 371 employees of Berk-Tek Manufacturing, one of their clients. A one-year pre-guide distribution analysis and a one-year post-guide distribution analysis of claims data determined that Berk-Tek saved \$39.06 per employee due to reduced doctor and E.R. visits. This produced a return on their investment of 5:1.

They then analyzed the savings for the 567 dependents of Berk-Tek employees and realized a savings of \$21.67 per subscriber. The return on investment, however, was 7:1. The reason the ROI was higher even though the subscriber cost savings were lower was because there were no extra costs to provide the program to the employees' families.

Q8.

NWI MEMBER: How effective are self-care manuals at reducing costs?

POWELL: There have been numerous published studies in peer-reviewed journals on self-care manuals. The research has been conducted in a variety of settings, including corporations, hospitals, unions, managed care organizations, communities,

and colleges. In general, these studies have shown an average return on investment of about 3:1.

Eighteen studies conducted on the American Institute for Preventive Medicine's family self-care guides involving 12,060 participants have demonstrated an average nine-month savings of \$71.42 per participant due to reduced doctor and emergency room visits. Additional savings have been realized due to reductions in absenteeism although they are not calculated in this figure. Two of these studies were based upon an audit of claims data, while the other studies used self-reported data.

Q9.

NWI MEMBER: Are nurse advice lines an effective component of a medical self-care program?

POWELL: There are many more published studies demonstrating the cost effectiveness of self-care manuals than there are for nurse advice lines. In addition, utilization of self-care manuals is considerably greater than utilization of nurse advice lines. About 50-75 percent of self-care manual recipients will use it at least once within the first six months. Only about 3-10 percent of people with access to a nurse advice line will use it during the first 12 months. The higher percents are achieved with a comprehensive promotion program as discussed in Question 3.

Self-care books cost about \$5 to \$7 per copy and have a shelf life of about two to three years so the cost can be amortized over this time period. A nurse advice line costs about \$7 to \$8 per employee per year and must be renewed annually so they are considerably more expensive than a self-care book. For these reasons, I feel nurse advice lines should be provided as an adjunct to a self-care manual rather than in place of one.

Q10.

NWI MEMBER: Do I still need to provide self-care manuals if self-care content is available on the company's e-health portal?

POWELL: It has been my experience that most consumers don't use the Internet when it comes to seeking information about everyday health problems. This is due to a number of reasons.

- 1) When you look at the major research studies regarding Internet use, only about 25 percent of the adult U.S. population goes online for health information. When they do go online, they are more likely to do so to learn about a chronic condition or a new medication than they are to

learn about what to do for everyday health problems, like colds or earaches.

- 2) There are no studies I'm aware of that have shown online self-care information has reduced health care costs. Many studies conducted on self-care manuals have demonstrated a positive ROI. (See Questions 7 and 8.)
- 3) Booting up your computer to find self-care information is not as convenient as pulling a self-care manual off your bookshelf. This is particularly important if there is an emergency situation.
- 4) If online health information is offered through a company's intranet, it may not be accessible by the dependents of the employee who also benefit from medical self-care.
- 5) If printed material was being replaced by online content, we would no longer use the Yellow Pages to look up telephone numbers or shop at Barnes & Noble or Borders, stores which are growing in size.

Online self-care information can serve as an excellent adjunct to a self-care manual, but it should definitely not replace it.

Incentives for Medical Self-Care

Q11.

NWI MEMBER: What methods can legally be used to encourage and reward employee self-care and wise health-consumer decisions?

POWELL: The only incentives being used with medical self-care programs that I am aware of involve giving gifts to employees who can answer questions related to the content in their self-care guide. I don't know of incentives being given for using a self-care guide and avoiding a medical visit. For example, the American Institute for Preventive Medicine offers a self-care incentive program with its guides. Recipients can take a self-care quiz each month and be eligible to win \$100. This incentive program is too new to know if it increases participation.

The study I previously cited by Capital Blue Cross and Pennsylvania Blue Shield used an incentive as well. Health educators randomly called employees who received the *HealthyLife® Self-Care Guide*. Those who knew where the guide was and could answer questions about it received a \$25 gift certificate to local restaurants. Of course, there are built-in incentives for using a self-care guide, as employees will save money on copays and time in a waiting room.

HIPAA non-discrimination provisions allow employers to provide...*“premium discounts or rebates or modifying otherwise applicable copayments or deductibles in return for adherence to programs of health promotion and disease prevention.”* HIPAA technically does not apply to other types of rewards (i.e., merchandise, cash, days off, etc.). If the reward is associated with health plan benefits and medical self-care and consumerism are part of your health promotion program, you are in compliance with the nondiscrimination provisions of HIPAA. However, you should still need to respond to basic fairness and equity issues in the design of the incentive and its implementation. You could use a criteria, such as...*“I have used my medical self-care book at least three separate times in the last twelve months to help handle a personal or family medical issue”* and connect it to meeting a minimum number of other criteria for a \$500 reduction in your health plan premium contribution. Consumer-driven health plans would be another approach to providing an incentive for medical self-care and health care consumerism. Larry Chapman, MPH, chairman of SUMMEX Health Management, contributed to this answer.

Q12.

NWI MEMBER: We currently promote medical self-care by giving our employees the *Mayo Clinic Guide to Self-Care* book when they attend a self-care class. Each individual must complete a self-care “assignment” in order to receive required in-service points. We also provide self-care links on our website to help employees find useful health-related information. What other types of programs are available to improve compliance with self-care and thus avoid undue medical costs?

POWELL: For the reasons I gave in Question 7, you should consider giving the self-care guides to those who do not attend a class. Once again, the more people who have access to self-care information, the more likely they will use it. This will reduce health care costs and absenteeism.

Your present promotion ideas are good, but as I suggested in Question 3, promotion is a process, not an event. I recommended other things you can do to create ongoing awareness about the importance of practicing medical self-care. You do not mention whether employees are receiving time off to attend a self-care class. I would suggest this, as it would increase participation.

Q13.

NWI MEMBER: Without paying them or offering them time off, how do you suggest motivating non-

readers or male laborers with low literacy skills to be engaged in active self-care behavior?

POWELL: Targeting self-care materials to the literacy skills of the population you are working with is extremely important. The Institute has worked with Medicaid recipients using a self-care guide that is written at a third grade reading level with a big type face, extra white space, and a glossary of terms in the back. Unfortunately, this is a difficult population to reach. We have seen success, however, in providing this low literacy guide to migrant workers in Utah and a large community project with an under-served population in Greenville County, South Carolina. The migrant worker project showed a 40 percent reduction in E.R. visits when the self-care guides were distributed in a case management setting. The Greenville County project involved 6,179 participants who had an average self-reported savings of \$80.16 per person in six months.

A self-care booklet is preferable over a large book for people with low literacy skills.

Promoting Medical Self-Care for Health Care Workers

Q14.

NWI MEMBER: Do you have specific strategies for promoting medical self-care and wise health consumerism among health-care workers?

POWELL: One of the obstacles in promoting self-care for health care workers is that those who are nurses or physicians usually think they know the information. A case history at a large health system in Minneapolis shows that health care workers benefit as well. It involved a nurse who was experiencing severe abdominal pain. She referred to the *Heath at Home*® self-care book she received from her employer, and it instructed her to see a health care provider. This prompted her to call the hospital’s nurse advice line whereupon she was instructed to go to the emergency room. She was diagnosed with ovarian cancer. Luckily, it was caught early, and after surgery and chemotherapy, her prognosis is excellent. She credited the book with helping her decide the right thing to do.

Strategies that work for this group include providing self-care classes on hospital time and financial rewards for employees who are randomly called and can answer questions related to their self-care guide. You also need to overcome the health care worker’s

mind-set that they cannot learn from a self-care guide. Providing a self-care promotional program that includes questions they might not be able to answer may help them realize they have more to learn.

Hospital employees have friends and family members who often call them for health advice. Providing them with a self-care guide can help them answer questions they are not sure of. You could promote this benefit of self-care guides to hospital employees, and it may increase their use of them.

There are also many employees within a health care setting who do not have medical training, i.e., clerical staff, custodial staff, technicians, etc., who can be reached using the suggestions above.

Studies conducted in health care settings have been quite encouraging. Three studies at Bloomington Hospital in Bloomington, IN, showed an average savings of \$85.41 per employee in 12 months. A study conducted at Florida Hospital in Orlando showed a savings of \$84.81 per employee in five months.

Q15.

NWI MEMBER: I run a wellness program for a health care system with 2,000 employees. Only about 30 percent of our employees who carry our insurance participate in our voluntary wellness program and receive a *Health at Home* self-care book. We have a lot of costs stemming from ER visits for things like headaches and respiratory congestion. Do you think it would be beneficial to add a nurse practitioner to our employee health staff to be available for employees to see for issues like these even though employee health is not housed in either of the hospital buildings?

POWELL: Your suggestion of having a nurse practitioner triage employee staff would be beneficial. Better yet, I would provide the *Health at Home*® guide to the 70 percent of employees who are not presently receiving it. It costs the hospital money when employees miss work to go to the emergency room, regardless of whether they carry your insurance.

Another suggestion would be to put a number of copies of the *Health at Home*® book in the emergency room waiting area. This way, employees could use the guide to triage themselves, and they may decide an E.R. visit isn't necessary after all.

Also, if you offer a nurse advice line, you can place a telephone by the E.R. desk so the nurse line toll-free number can be called.

Emergency room visits can also be reduced by increasing insurance co-pays for employees who use the E.R. for non-urgent symptoms.

Promoting Medical Self-Care in Small Businesses and Multi-site Companies

Q16.

NWI MEMBER: How do you implement a medical self-care program in an organization of less than 25 employees?

POWELL: In some ways, implementing a medical self-care program in a small organization is easier than in a large one, particularly one with less than 25 employees. A self-care workshop to train employees on how to use their self-care manual could be offered prior to work, during the workday, or during lunchtime. It is an inexpensive program to offer as books in this quantity will only cost about \$7 to \$8 per copy.

Q17.

NWI MEMBER: How do you implement a medical self-care program in an organization with offices in several states, and each office has its own unique culture?

POWELL: For a multi-site organization, you can designate a coordinator at each location to put on a self-care workshop. They may not need medical training as the protocols in several self-care instructor manuals do not require it. If there is no one to put on the workshop, a video, DVD, or online workshop that provides self-care instructions can be shown to employees at these sites.

Most self-care guides are self-explanatory in nature, and it is my opinion that a workshop is beneficial, but not essential. I am not aware of a research study that has compared the benefits in a group that received self-care manuals with a workshop versus a group that received manuals without a workshop. You can give the guide to employees either at work or send them to their homes with a cover letter explaining why they are receiving the guide and how to use it. As I stated previously, putting a self-care guide into everyone's hands is one of the most critical elements of a self-care program. If the logistics of putting on a workshop for decentralized locations is a deterrent, the guides should be distributed without a training program.

Promoting Self-Care with Limited Resources

Q18.

NWI MEMBER: What are some strategies that a small employee wellness team with limited resources can use to address medical self-care and wise consumerism?

POWELL: One of the great things about a medical self-care program is that it is one of the least expensive wellness interventions. Self-care brochures cost about \$0.50 to \$1 each, booklets cost about \$2 to \$4 each and self-care books cost around \$5 to \$8—each depending on the quantities ordered. Nationally, the average doctor visit costs \$60 and an E.R. visit costs \$383. The savings are quite significant if only one-quarter of your employees avoid one doctor visit or 5 percent avoid one E.R. visit during the course of a year.

If resources prohibit even those expenditures, publicizing free online self-care information is one strategy. Two resources for this are www.Medlineplus.gov and www.WebMD.com. There are some significant limitations, however, for just providing self-care information online which I address in Question 10. You could also purchase several self-care books and put them in a company resource area.

You can also purchase the self-care guides in bulk quantity and sell them to employees at your cost. This will limit your expenses, but the downside is that not all the employees will buy their own guide as discussed in Question 7.

You would also want to have a very strong communication campaign that explains why employees buying a self-care guide is in their own best interests and not just the company's. Help them understand that they can save a good deal of money on copays and deductibles and a good deal of time as the average wait in a doctor's office is 46 minutes and the average time spent in the E.R. is 3.2 hours.

Self-Care for College Students

Q19.

NWI Member: Please provide some suggestions, ideas, best practices on how to teach college students medical self-care and to become informed health-care consumers. Please provide successful examples. How do you measure outcomes?

POWELL: Although many self-care concerns for adolescents are the same as for the general population, there are a number of issues that are more prevalent with this age group. This is where a targeted self-care guide is beneficial. The Institute originally promoted its family *HealthyLife® Self-Care Guide* to colleges and although some purchased it, we increasingly heard that they would like one that was more geared to college students. We then surveyed hundreds of colleges to determine what topics to include and six years ago published the *HealthyLife® Students' Self-Care Guide*. It is used on over 250 campuses either in print or online. A study on this guide involving 150 students was conducted by Georgetown University, and the results were as follows:

- 83.3 percent of the students said the information provided in the guide is a valuable benefit provided by the university.
- 8.7 percent of the students stated the guide enabled them to avoid one or more visits to the student health service.
- 3.3 percent of the students stated the guide enabled them to avoid one or more visits to the emergency room.
- 4.7 percent of the students stated the guide prevented an absence from class and/or work.

Self-care guides for college students have also been used as a recruitment tool to attract students, as parents think positively about a school that teaches medical self-care. Colleges have promoted use of the guides with doorknob hangers, broadcast emails, and offering a free guide to students who visit the health center. If colleges can't afford to provide a self-care guide for every student, they will target incoming freshmen, students who use the health service frequently, or give them to RAs. Since college students are very Internet-oriented, providing student self-care content online is also beneficial.

[For information on measuring outcomes, see the answer to Question 21.]

Self-Care with Older Adults

Q20.

NWI MEMBER: Are there specific times that persons age 70 plus should always seek medical care? Does it take a great deal of intensive training with persons age 70 plus to help them gain confidence in their self-care skills?

POWELL: You want to provide a self-care guide that specifically addresses the conditions and symptoms that are common to older adults. In this regard, most self-care publishers have older adult editions of their guides. You are correct in that it does take more training to help persons aged 70 or older gain confidence in their self-care skills as many are used to going to their provider. A training workshop is more important with this population.

We have found that seniors value self-care information and readily use self-care guides. There are not as many studies demonstrating the efficacy of self-care guides with older adults as there are with the general population, but those that have been done are encouraging. WellSpan Health in York, Pennsylvania, did a study on *the HealthyLife® Seniors' Self-Care Guide* with 107 seniors and found a \$57.49 per person savings in 12 months due to reduced doctor and E.R. visits.

Evaluating the Cost Benefits of a Medical Self-Care Program

Q21.

NWI MEMBER: How do you evaluate the cost-benefits of a medical self-care program?

POWELL: There are a number of ways a program can be evaluated. The most valid way would be to do a pre-program, post-program analysis of claims data comparing a group that received the medical self-care program to a control group. There are only a few self-care studies that have used this research design.

A second type of evaluation would involve an analysis of claims data pre-intervention and post-intervention. You would then compare the changes in utilization from one year to the next. This analysis is less powerful than using a control group as there could be extraneous treatment variables, such as changes to the benefit design that could account for the results.

A third type of evaluation includes self-reported data. A questionnaire is distributed that asks employees to determine if the medical self-care program helped them avoid doctor visits and/or E.R. visits and, if so how many. Then total the number of doctor visits avoided and multiply it by \$60, and total the number of E.R. visits avoided and multiply it by \$383. Compare this savings to the cost of the program to determine your return on investment. This is a subjective evaluation, but the Institute's experience has been that these results are very consistent across many different settings.

The longer the evaluation period, the more valid the results; thus, conducting a one-year study is more valid than a three-month one. If you are analyzing less than a one-year time period, you want to make sure you analyze "like" months as employees are more likely to get sick at certain times of the year, i.e., winter with colds and flus. Other research issues involve the number of participants, random assignment, comparable populations, and statistical significance.

Q22.

NWI MEMBER: How does the purchasing and training for the use of a medical self-care manual compare with other health promotion strategies, such as newsletters, HRAs, coaching, etc., in terms of cost-benefits?

POWELL: It is my opinion that a medical self-care program is perhaps the most cost effective of all wellness strategies. Self-care guides have been evaluated alone and have demonstrated significant savings (see Questions 7 and 8), whereas the cost effectiveness of newsletters, brochures, and HRAs are usually evaluated as part of an overall wellness program.

Health coaching and lifestyle change programs have been shown to be cost effective, but it generally takes several years for a company to realize economic benefits. A self-care program can demonstrate savings in as little as six months. This makes it appealing to companies and managed care organizations (MCOs) that have high turnover.

Q23.

NWI MEMBER: Do you really believe that a company can see a reduction in health care costs in as few as six months? I have been taught that it takes three to five years for a wellness program to make a difference. I think that until we can systemically do wellness screening (cholesterol, blood glucose, blood pressure, BMI, and body composition) and raise awareness in a large

population, it will take much longer to see any change. What are your thoughts? What reductions in health care costs and thereby lowering health insurance costs can a company with 1,100 employees with 75 percent participation in a wellness program expect?

POWELL: You are correct in that it can take several years to see the economic benefits of a general wellness program. Self-care, however, is different in that the savings occurs with the very first doctor and/or E.R. visit that is avoided.

Screening is an excellent tool for your wellness program, but it is certainly not the end-all. You would need to have a comprehensive array of wellness products and activities as a follow-up to it. Incentives can increase participation and the subsequent cost savings. A review article on wellness programs that appeared in the *American Journal of Health Promotion* (May/June 2001, Steve Aldana, "Financial Impact of Health Promotion Programs") stated that the savings due to a reduction in absenteeism was \$5.82 to 1 and the savings due to a reduction in health care costs was \$3.48 to 1.

Your question also mentions a reduction in health care costs to lower insurance costs. I'll now discuss the benefits for providing medical self-care and wise consumerism with different types of insurance strategies.

Companies that are self-insured see the greatest benefit from implementing a medical self-care program. This is because they are at risk for every health care dollar spent so every dollar saved from an avoided doctor or E.R. visit is money back in their pockets.

Managed care organizations like to implement medical self-care programs because reduced utilization amongst its members means greater profits. Companies would want to talk to their managed care provider to see if reductions in utilization can help you negotiate reduced rates the following year.

Finally, if you have traditional insurance, implementing a self-care program that shows reduced utilization may help you get a reduction in rates the following year, but this is less likely.

In all of the above settings, however, reductions in absenteeism and presenteeism that a self-care program can produce are very beneficial.

Self-Care and Consumer-Driven Health Care

Q24.

NWI MEMBER: What role does a self-care program have in consumer-driven health care?

POWELL: Consumer-driven health care places more of the responsibility for health care costs and decisions on the consumer. A medical self-care program in particular and wellness program in general should be part and parcel to any consumer-driven health care plan. Since employees in consumer-driven plan are more at risk for health care costs incurred, they are more likely to use self-care and wellness resources.

Fundamentals of Wise Health-Care Consumerism

Q25.

NWI MEMBER: What are the fundamental skills of wise health-care consumerism?

POWELL: Wise health-care consumerism involves teaching consumers how to interact with the health care system in a more knowledgeable manner. Wise consumer skills can be viewed on a continuum. On one end of the continuum, we have a passive, unknowledgeable consumer, while on the other end, we have an active, informed one.

Some of the characteristics of active health care consumers include seeing their provider with a checklist, assertively asking questions, taking notes during their meeting, establishing a good relationship with their provider, accurately presenting their symptoms, and knowing their family's medical history. These skills are very important because, according to the American Society of Internal Medicine, 70 percent of correct diagnosis depends upon what the patient tells his or her physician.

Wise consumer skills also include selecting a provider; how to evaluate your treatment; questions to ask when surgery, medications, or invasive procedures are recommended; questions to ask on what to expect when hospitalized, etc.

To facilitate effective communication with a provider, we recommend the four Rs:

1. Responsibility
2. Reporting
3. Recording
4. Requesting

Responsibility means that you are in charge of your health and need to be accountable for the decisions you make regarding your health care needs.

Reporting refers to telling your health care provider accurate details of self-tests and observations you have kept track of.

Recording means writing down pertinent information and any instructions your provider gives you.

Requesting means you ask your provider questions to find out what you need to know about your condition, what treatment is recommended, success rates, risks, other things you can do, and when treatment should begin.

According to a study by the Agency for Health Care Research and Quality, less than 10 percent of medical decisions are actually made with the participation of a fully informed patient.

Q26.

NWI MEMBER: What are the best practices for promoting wise health-care consumerism?

POWELL: Most self-care manuals provide wise consumer education along with medical self-care information. This type of education can also be part of your ongoing wellness communication efforts. Articles in an employee newsletter, posters, table tents, broadcast emails, brochures, and lunch and learns are all places where promotion of wise health-care consumer practices can take place. Every February, the American Institute for Preventive Medicine sponsors National Wise Health Care Consumer Month to increase awareness about this vital topic.

Legal Implications of Medical Self-Care

Q27.

NWI MEMBER: What are the legal implications of promoting medical self-care?

POWELL: There are approximately 30 million self-care manuals in circulation and they have been in existence for almost 30 years. Despite the fact we live in a rather litigious society, I am not aware of any

lawsuit brought against the publisher of a self-care manual. Nurse advice lines have been in existence for about 20 years and cover approximately 40 million lives. I am aware of only one lawsuit brought against a nurse advice line provider.

Medical Self-Care for Mental Health

Q28.

NWI MEMBER: Medical self-care is used a lot with physical health issues, but can it be used to help people with mental health?

POWELL: The Health Enhancement Research Organization (HERO) study showed that depression was responsible for a 70 percent increase in health care costs while stress was responsible for a 46 percent increase. Also, according to the American Academy of Family Physicians Foundation, stress is responsible for approximately half of all office visits to family doctors. Teaching people how to use medical self-care for psychological symptoms should be a part of any self-care program. Many manuals address common mental health conditions. The Institute publishes a guide geared solely towards mental health issues. It teaches consumers how to interact with the mental health care system more knowledgeably and helps them make better decisions about what emotional symptoms require professional assistance and those that can be treated with self-help techniques.

Self-Care Within the Military System

Q29.

NWI MEMBER: When self-care is utilized, what is the recommendation for setting up an administrative system to document sick leave? Currently in the military medical system, active duty soldiers are required to go to their local clinic to get a sick slip, which essentially discourages self-care and proper utilization of primary-care resources.

POWELL: Military populations, with their 24-hour-duty status and very rigid personnel policies, are a difficult group to address regarding sick leave issues. As I mentioned earlier, the Institute was involved in the development of a military self-care guide for the U.S.

Army. This guide was originally pilot tested at Fort Leonard Wood in Missouri where it was given to 77,916 soldiers over a two-and-one-half year time period. Research results showed an avoidance of 33,894 hours of lost duty time and an avoidance of 17,839 provider visits. This significantly reduced training and health care costs for the installation. Due to the positive results, the self-care project at Fort Leonard Wood received the U.S. Army's Health Promotion and Initiative Award.

Based upon the Leonard Wood research, the *Military Self-Care Guide* was then distributed to additional troops at Fort Huachuca, Fort Hood, Fort Jackson, Fort Sill, Fort Sam Houston, and the Aberdeen Proving Grounds. In a second study, the guide demonstrated an average savings of \$24.34 per soldier. I am not sure how these forts handled their administrative system, but they were able to document reductions in troop medical clinic visits due to the implementation of a medical self-care program.

If you do not have a formal sick leave reporting system as part of your payroll process, then you usually have to directly ask people how many sick-leave days they have used in the previous six months or twelve months and use the same question each year. Some health risk assessments (HRAs) have these types of questions imbedded in them, and the results are tallied automatically. You can also tally the number of sick leave days from the HRA for those who attend medical self-care workshops separately to look at pre- and post-training session experience. This usually requires some special questions and the use of an annual health risk assessment. For most populations, it is also a good idea to move to combined leave systems where each individual has a fixed number of days, (i.e., 25 days a year) for all types of leave which creates an incentive for people not to be sick because they are using potential vacation days.

Somatics Education and Self-Care

Q30.

NWI MEMBER: What do you think about somatics education as a preventive and self-care approach to reduce and resolve chronic pain or restricted movement associate with long-term injuries and muscle spasms?

POWELL: The Centers for Disease Control and Prevention conducted a survey of 31,000 adults in the U.S. and found 62 percent of them used some form of

non-traditional or alternative medicine. The more common alternative approaches included acupuncture, chiropractic, herbs or botanical products, special diets, mega-vitamin therapy, and prayer. The alternative approaches were most often used to treat back pain, colds, neck pain, joint pain or stiffness, anxiety, and depression. The reasons so many American seek alternative approaches is that Western medicine practices have not provided the solution they were seeking. I am not that familiar with somatics education, but it may be an alternative approach that can be beneficial as well. In order for it to gain acceptance, more research needs to be conducted on this methodology. Also, more case histories of people who have benefited from it need to be disseminated.

Reference for Statistics

Q31.

NWI MEMBER: Where are the following statistics from that were quoted in the Call for Questions for this discussion? "Approximately 25 percent of all doctor visits and 55 percent of all emergency room visits are deemed to be unnecessary. Since the average doctor visit in the U.S. costs \$55 and the average emergency room visit costs \$383, a great deal of money is being spent unnecessarily."

POWELL: The references for these statistics appear below:

Unnecessary doctor visits – DM Vickery et al., Effect of a Self-Care Education Program on Medical Visits, *JAMA*, December 2, 1983, 250(21): 2952-2965.

Unnecessary emergency room visits – LF McCaig and CW Burt, National Hospital Ambulatory Medical Care Survey: 2003 Emergency Department Summary, National Center for Health Statistics, *Advance Data From Vital and Health Statistics*, Number 358, May 26, 2005, 38 pp, DHHS Publication # (PHS) 2005-1250.

Average doctor visit cost is actually \$60 – American Medical Association, *Physician Socio-Economic Statistics*, 2001.

Average E.R. visit cost – RM Williams, The Costs of Visits to Emergency Departments, *New England Journal of Medicine*, March 7, 1996, 334(1): 642-646.

Future of Medical Self-Care

Q32.

NEW MEMBER: What does the future of medical self-care look like?

POWELL: First, I think medical self-care will continue to gain in popularity, and it should be a core component of all wellness programs. As an outgrowth, a medical self-care guide will be present in every home much like a dictionary. Secondly, tailored communications will be applied to medical self-care. A consumer would provide a health profile of themselves and self-care triage questions could be adjusted based upon this health information. Thirdly, there will also be a change in the roles of consumers and providers. Consumers will become para-providers, while providers will become care managers.

ASK THE EXPERTS

Vol. 2 No. 4

Published bimonthly online
at the National Wellness Institute member
Web site as a benefit of membership by:

National Wellness Institute, Inc.
Member Services
1300 College Court · PO Box 827
Stevens Point, WI 54481-0827
800-244-8922 · 715-342-2969
Fax 715-342-2979
Email: members@nationalwellness.org
www.nationalwellness.org

Statements and opinions expressed in *Ask the Experts* are those of the experts and not necessarily those of the National Wellness Institute.

The National Wellness Institute does not endorse, or intend to endorse by publication of *Ask the Experts*, any product or service mentioned in this publication.

Copyright © 2005, National Wellness Institute. This document may not be reproduced or distributed without written permission from the National Wellness Institute, Inc.