



Milwaukee County
Department of Human Resources
INTER-OFFICE COMMUNICATION

Date: October 17, 2017
To: Supervisor Peggy West, Chair, Finance & Audit Committee
From: Kerry J. Mitchell, Chief Human Resources Officer
Subject: Department of Human Resources Budget (1140) Budget Referral Response

On October 9, 2017, during the course of the Department of Human Resources (DHR) Budget (1140) hearing, Board Supervisors requested the following information:

- Supervisor Wasserman requested information on the return on investment that Milwaukee County is receiving for the \$398,092 spent toward the employee wellness program.
- Supervisor Taylor (2) requested information on the number of employees receiving tuition reimbursement for this year compared to last year.

The information below is the response to the Supervisor's requests.

Milwaukee County Wellness Program

In late 2013, the employee wellness program was officially launched as part of a combined initiative by the County Board and County Executive. The program's philosophy is that health is not merely the absence of disease, but the balance between the physical, mental, and social wellbeing of the whole person. Below is a summary of VOI (Value of Investment – tracking of Wellness goals); we are currently awaiting claims data regarding ROI from our healthcare provider. As soon as we have additional information (this week), we will provide it to the County Board. The program is still in its infancy, so we only have 3 full years' worth of information available.

Program Successes:

- Health Assessment Participation increased 7% in four years. Participation in 2017 was 68%.
- Awarded Gold Award by the Wellness Council of America in 2016.
- Increased wellness offerings from one to 20 programs over four years.
- 75% of employees participating every year in health screenings improved or maintained their risk level.
- Steady movement of employees moving from a high risk level into a lower risk level.
- Improvement in heart health-related metrics (blood pressure and cholesterol).
- Increased employee engagement across all business units Countywide.

Program Costs:

- \$345,000 contracted with Froedtert Workforce Health
 - o \$20,000 set program fee
 - o \$2.50 per person reporting fee
 - o \$75 per person health assessment
 - o \$104,000 for the contracted for 1,600 health coaching hours

Program Cost Savings Possibilities:

- Stop grandfathering new hires into wellness premium rates upon benefits activation = ~\$85,000
- Discontinue health assessments for new hires = ~\$15,000
- Discontinue United Health Care \$100 Gym Reimbursement = ~\$105,000
- Limit number of health assessments offered to no more 2,200 people = \$60,000

Program Cost Savings Impacts:

- Stop grandfathering new hires into wellness premium rates upon benefits activation = ~\$100,000
 - o Small impact on employees. New hires would have to pay regular premium rates until they participated in the annual health assessment process.
- Discontinue health assessments for new hires = ~\$15,000
 - o Small impact on employees. Instead of giving new hires the opportunity to complete the assessment when they first start and earn the reduced premium rate they would only be able to take advantage of the assessments during the annual process in January and February.
- Discontinue United Health Care \$100 Gym Reimbursement = ~\$105,000
 - o Medium impact on employees. Approximately 480 employees submit the gym reimbursement form for themselves and their dependents. Total claimants is approximately 1100.
- Limit number of health assessments offered to no more 2,200 people = \$60,000
 - o Large impact on employees. We typically see almost 2,500 employees go through the assessments, so we would have to determine which employees would be eligible to participate. This would also restrict us from reaching our 75% participation goal.

Educational Assistance program

During the 2016 Budget hearings, Supervisor Alexander introduced a budget amendment (1A017) that changed the Tuition Loan Fund Program to the Tuition Reimbursement Program. The amendment was adopted and became effective starting January 1, 2016.

Under the old loan program, employees could borrow up to \$1,500 from the County to pay for tuition and then repay the interest-free loans over ten bi-weekly installments. Under the new program, employees are eligible for reimbursement up to \$2,500. The program rules and request form are located on the DHR website:

<http://county.milwaukee.gov/TuitionReimbursement.htm>

In 2016, Milwaukee County paid out \$186,196.77 to 196 employees. That averages out to about \$950 per person.


In 2017, so far, Milwaukee County has paid out \$213,051.03 to 233 employees. That averages out to about \$914 per person. The increase in usage between 2016 and 2017 displays a growing interest in career advancement and employee development.

Potential Cost Savings

If the annual budget for Educational assistance was lowered to \$150,000 that would give 100 employees \$1,500 of benefit annually; or about 165 employees an average benefit of \$915. The impact would be a significant reduction (more than 30%) in the number of employees able to utilize reimbursement for courses, at the same time there is a growing interest in employee development.

Please contact me with any questions.

Thank you.



Kerry J. Mitchell, Chief Human Resources Officer
Department of Human Resources

CC: County Executive Chris Abele
Raisa Koltun, Chief of Staff
Finance & Audit Committee
Kelly Bablitch, Milwaukee County Board of Supervisors Chief of Staff
Teig Whaley-Smith, Director of Administrative Services
Stephen Cady, Comptroller's Office
Janelle Jensen, Committee Clerk
Mike Stanke, Benefits Manager, DHR
Claire Miller, Wellness Coordinator, DHR

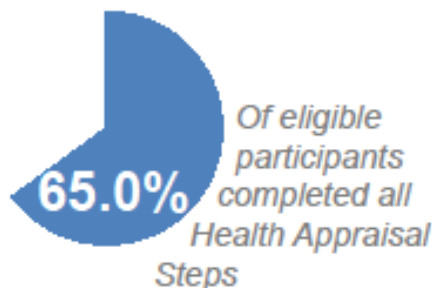
Moving a Population: 2017 YTD

2463

Total Number of Participants

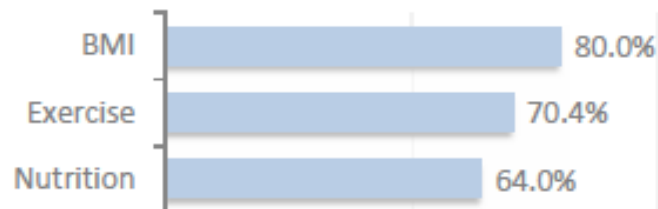
73.07

Average PHRS

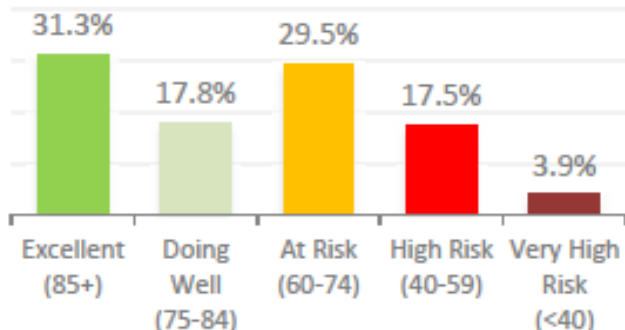


Program Opportunities:

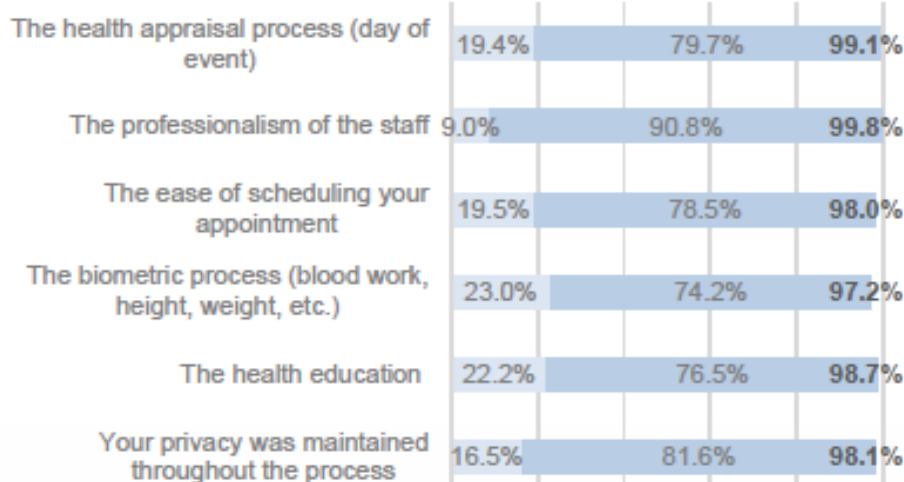
Below shows percent of at risk participants. Our focus will be to improve ...



PHRS Risk Stratification



Evaluations



Workforce Health

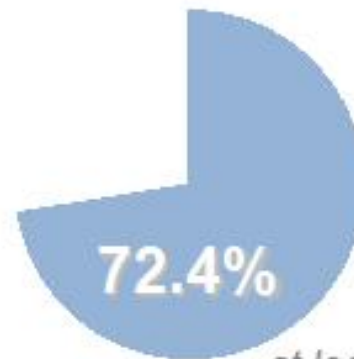
Updated 10/12/2017

■ Satisfied ■ Completely Satisfied

All Year Cohort: Risk Migration

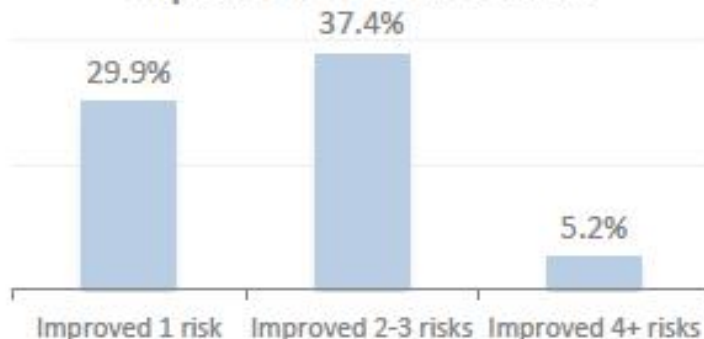
74.6% of 1313

Improved or
Maintained their
PHRS Level

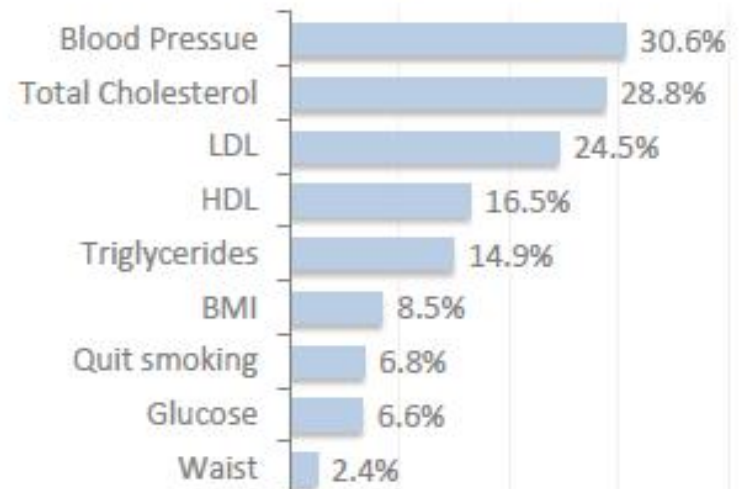


*of those who
participated
all years,
improved one
or more risks by
at least one risk level.*

Improved One or More Risks


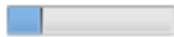




Risks that Improved



Employee Health Screening Participants

Participants in the wellness program have lower utilization and spend than non-participants

	Participant (N=1461)	Non-Participant (N=475)
% of Members	 62%	 20%
% of Paid	 55%	 20%
Average Age (Employee)	47.8	47.0
Retrospective Risk Score	1.893	2.101
Prospective Risk Score	1.829	1.902
Well Members	399	115
At Risk Members	523	169
Chronic Members	478	164
Catastrophic Cases	20	9
ER Visits per 1000	185.5	227.4
Admissions per 1000	39.7	77.9
Prescriptions PMPY	10.3	11.4
Paid PMPM	\$409.54	\$458.59
% of Paid (CC)	27.8%	32.0%
Pharmacy Paid PMPM	\$120.43	\$101.58

Utilization

Spend

Note: Excludes early retirees and is only members continuously enrolled X 2 years

Employees with Diabetes

The power of partnership.

Health screening participant's utilization and spend trending favorably

Utilization		Spend	
Health Screening Participants	Non-Participants	Health Screening Participants	Non-Participants
157 Members 145 in the prior period • 8.3% from prior	80 Members 64 in the prior period • 25.0% from prior	\$6,169 Paid per Claimant \$8,729 in the prior period • -29.3% from prior • -31.2% from norm	\$7,229 Paid per Claimant \$4,907 in the prior period • 47.3% from prior • -19.4% from norm
68.1% Activation 67.4% in the prior period • 0.7 pts from prior • 0.5 pts from norm	67.5% Activation 65.4% in the prior period • 2.1 pts from prior • -0.1 pts from norm	\$5,279 Paid per Claimant (Non-CC) \$5,445 in the prior period • -3.0% from prior • 0.8% from norm	\$5,855 Paid per Claimant (Non-CC) \$4,907 in the prior period • 19.3% from prior • 11.8% from norm
210.2 ER Visits per 1000 372.4 in the prior period • -43.6% from prior • -21.5% from norm	312.5 ER Visits per 1000 578.1 in the prior period • -45.9% from prior • 16.6% from norm	\$74,683 Paid per Claimant (CC) \$100,030 in the prior period • -25.3% from prior • -34.6% from norm	\$61,506 Paid per Claimant (CC) \$0 in the prior period • 0.0% from prior • -46.1% from norm
51.0 Admissions per 1000 103.4 in the prior period • -50.7% from prior • -50.6% from norm	137.5 Admissions per 1000 31.3 in the prior period • 339.3% from prior • 33.1% from norm	\$3,919 Pharmacy Paid PMPY \$3,124 in the prior period • 25.4% from prior • 0.9% from norm	\$2,857 Pharmacy Paid PMPY \$2,536 in the prior period • 12.7% from prior • -26.4% from norm
2.4 Average Length of Stay 5.5 in the prior period • -56.4% from prior • -57.1% from norm	3.2 Average Length of Stay 1.5 in the prior period • 113.3% from prior • -42.9% from norm	42.5% Premium Provider Utilization 37.9% in the prior period • 4.6 pts from prior • 3.6 pts from norm	46.7% Premium Provider Utilization 39.7% in the prior period • 7.0 pts from prior • 7.8 pts from norm

Tile color indicates change from prior period. **Green** indicates favorable change. **Red** is unfavorable. **Gray** is neutral.

Evidence Based Medicine Adherence

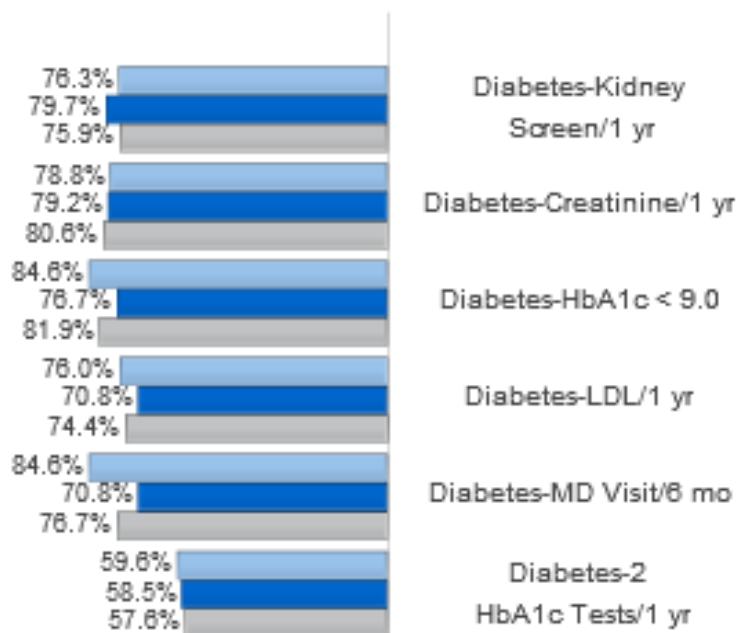
The power of partnership.

Adherence higher with health screening participants with diabetes

Health Screening Participants

by Diabetes

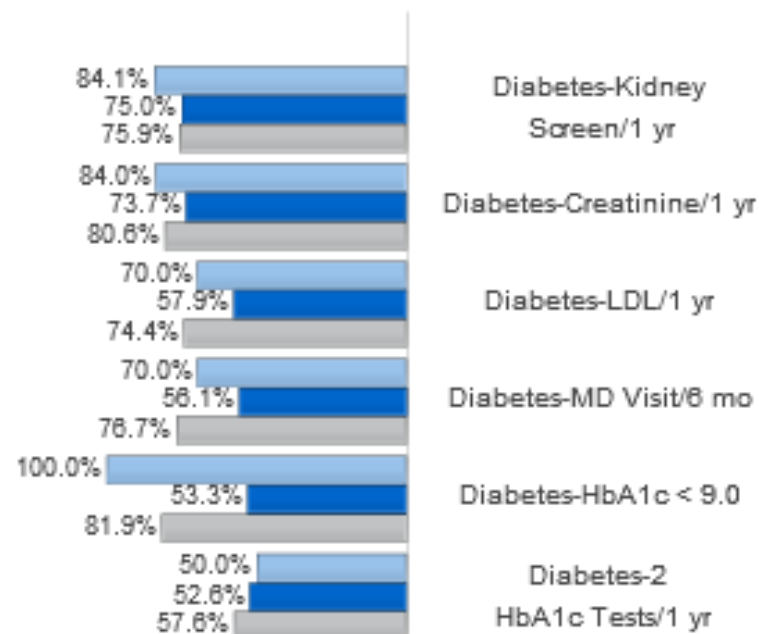
Adherence



Non-Participants

by Diabetes

Adherence



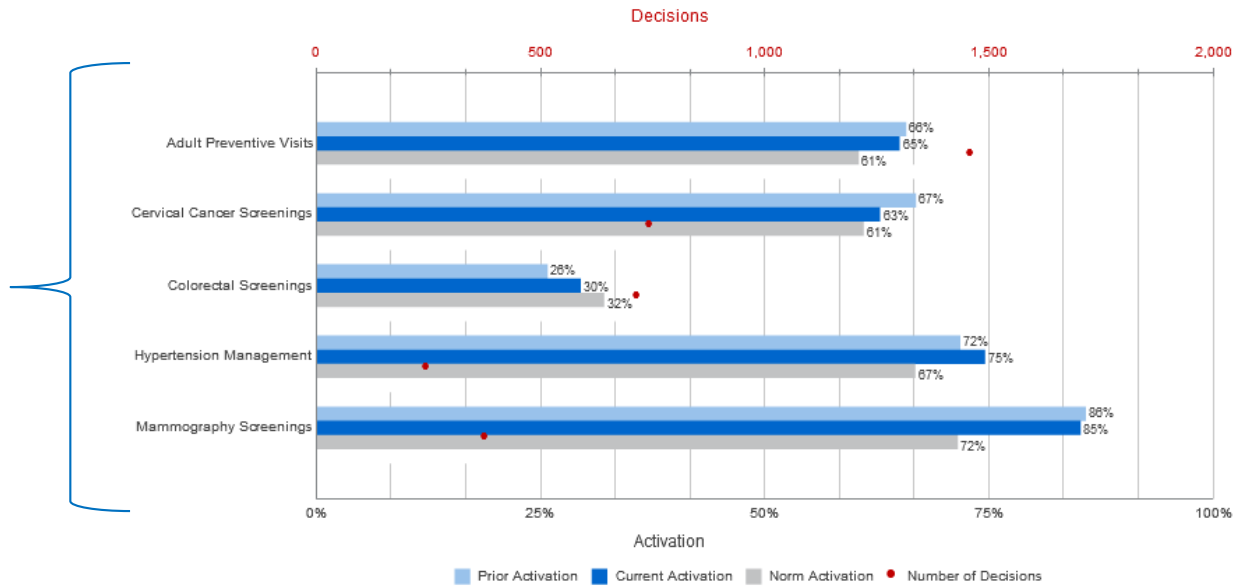
■ Prior ■ Current ■ Norm

Preventive Screenings

The power of partnership.

Health Screening participants have better decision-making in preventive care

Health Screening Participants



Non-Participants

