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HEALTH

The Cure for the Common Corporate Wellness Program

by Al Lewis and Vik Khanna

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No major and widely embraced employee productivity enhancement initiative has veered farther off course than wellness. Instead of supporting employees already undertaking their own self-improvement plans and encouraging others to start them, wellness has morphed in many directions that increasingly overlook or even conflict with that original goal. Employees have responded by refusing to engage in these potentially harmful and hence costly programs despite the financial penalties. But human resources departments can reconfigure their offerings so they are embraced, not resented.

There are four fundamental flaws in many wellness programs.

First, even though wellness is allegedly supposed to empower employees (there are at least six wellness companies with the word "empower" right in their names), it has become an employee control tool, heavy on financial forfeitures ("incentives" have doubled since 2009 to $521) while light on both scientific support and actual health improvement or cost containment. The leading pro-wellness group in Washington is the Business Roundtable, which claims to want to help people and "create a culture of health" even as it opposed the minimum wage increase and the Affordable Care Act. How can one be sure their position is not driven by genuine health concerns but rather by a desire for more control? Its wellness lobbying campaign – largely urging Congress to allow employers to designate more health care spending for behavior modification – is led by a CEO in the casino industry who exposes his employees to more second-hand smoke than virtually any CEO in the country.

Second, wellness has become a marketing tool for health plans, nowhere more so than at Aetna. Aetna just announced a pilot wellness initiative in which, collaborating with two little-known pharmaceutical companies, it would "outreach" to obese members to recommend two proprietary drugs that have failed in the marketplace likely due to unacceptable side-effect profiles. In a tacit acknowledgement that it is not possible to save money by putting people who aren't sick on drugs that the marketplace has largely rejected, Aetna is offering this program only to self-insured employers, not to its own fully insured members.

Third, the typical program is now moving away from science towards a round-up-twice-the-usual-number-of-suspects emphasis on participation rather than health improvement. We have previously described how the award-winning Nebraska state employee program's massively and apparently purposefully over-diagnosed cancer and chronic disease by waiving all government-recommended age cutoffs for screening. Since then, more vendors have added even more lab tests, none of which is recommended by the United States Preventive Services Task Force (USPSTF). One vendor claims "I Feel Fine" Syndrome is "costing millions." The major symptom? Employees feeling fine. This definition means literally no employee is safe from a program.

Fourth, this participation emphasis extends to a requirement of annual checkups in most programs, even though annual checkups for adults without chronic disease can do more harm than good.

Revamping Wellness Programs

Executives running or paying for these programs should ask themselves two questions that today are generally answered wrong: If you're a general leading an army into battle, would you rather have troops with high morale or troops with low cholesterol? Are you doing wellness to your employees or for your employees?

The right answers are obvious from the questions. Implementing those right answers is not hard but requires unlearning what your vendors and consultants have taught you. It involves these steps:

Use USPSTF screening guidelines rather than vendor-recommended guidelines. For example, USPSTF recommends screening generally healthy adults for cholesterol disorders every five years. Blood pressure can be tested more often, but doing so only annually at high-visibility health fairs generates too many false positives for the process to be clinically credible. Instead, let employees test if they want to, when they want to, which they can do for free at virtually any pharmacy.

Stop weighing employees. If body weight were truly a major productivity or cost issue for working-age people, thinner developed countries would be enjoying greater economic growth than more obese countries (it's actually the other way around), and foreign employers would not be locating plants in states with the highest obesity rates. And if there were a consensus strategy to help an employee population sustain weight loss, we'd know about it by now instead of having hundreds of wellness vendors pitching their own approaches.

Encourage checkups only for people likely to benefit from them. Instead of requiring or incentivizing them annually, try a more targeted algorithm. Perhaps work with your company's health plan to get involved only once every few years, except for people with known chronic diseases, multiple risk factors, or a history of using the emergency room of a hospital for non-trauma routine-care events. These employees should get more frequent reminders. (People can still go to the doctor on their own for preventive checkups; the visits themselves are still free under the Affordable Care Act.) Timely and clinically appropriate prompts are one of the most important functions that a wellness program should provide.

By cutting spending on failed wellness conventions, organizations will find room in the budget for wellness innovations that will raise morale by doing things for employees instead of to them. The distinction should be self-evident. If a financial forfeiture (whether phrased as "incentive" or "penalty") is required to raise the participation rate or if you need an elaborate "communications plan," it's a threat, not an offer.

Rather than offer a laundry list of possibilities for offers, we suggest a new approach: ask employees what they want. You are far more likely to increase morale by responding to employee interests and concerns than by trying to manipulate health behaviors that are largely unrelated to enterprise success.

Al Lewis is a co-founder of Quizzify, a company that teaches employees how to buy and use health care.