Guus Schrijvers

Moderne preventie: wat weten we al daarover?

Lezing op donderdag 17 november 2016 op de vijfde preventieconfrentie te Leiden

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Opbouw van de voordracht

Guus Schrijvers

1. Wat bewezen is over preventieve interventies
2. Vijf successen uit het verleden
3. Thans: moderne preventie
4. Conclusies

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Preventie

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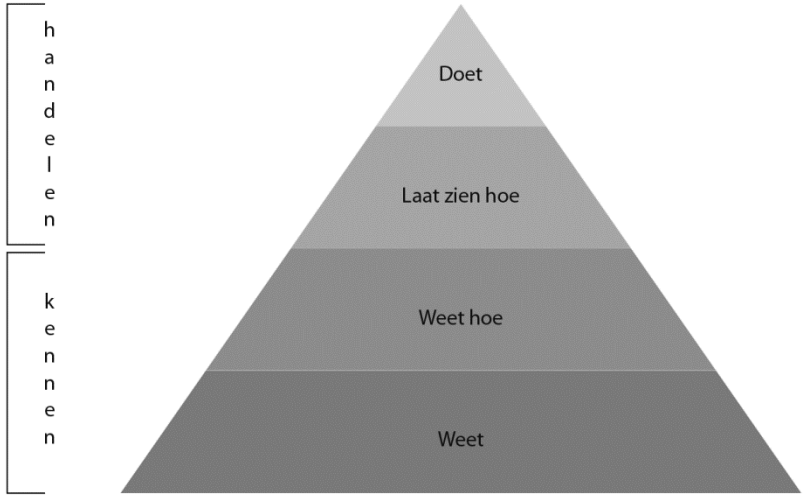
- Losse interventies werken niet
- Alleen informatie verstrekking werkt niet
- Een wijkgerichte of gemeenschapsgerichte aanpak werkt wel
- Gezondheidsdidactiek is nodig

Afbeelding 3.1 **De didactische driehoek van Miller**



Bron: Miller GE. The assessment of clinical skills/Competence/performance. Acad Med 1990; 65: 563-7.

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Losse interventies werken niet

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Guus Schrijvers

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Een multi-actoren model werkt wel

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Een multi-actoren model werkt wel (2)

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Een multi-actoren model werkt wel (3)

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- Utrecht-Overvecht (Big Move), Weight Watchers, Amersfoort (Be Slim), Hartslag Limburg

- De VWS - proeftuinen?
- Accountable Care Organizations (ACO's) in the USA

- Canterbury District Health Board in Nieuw Zeeland
- Esther programma in de Zweedse provincie Jönköping

- German Disease Management Programs with nudges for patients
- Gesundes Kinzigstal

- Nuka System of Care in Alaska

- Torbay Care Trust in England
- Vitality Health Promotion Program in South Africa

The Kings Fund
Ideas that change health care

Canterbury District Health Board
Te Poari Hauora o Waitaha

Een multi-actoren model werkt wel (3)

Guus Schrijvers

- Utrecht-Overvecht (Big Move), Weight Watchers, Amersfoort (Be Slim), Hartslag Limburg

- De VWS - proeftuinen?
- Accountable Care Organizations (ACO's) in the USA

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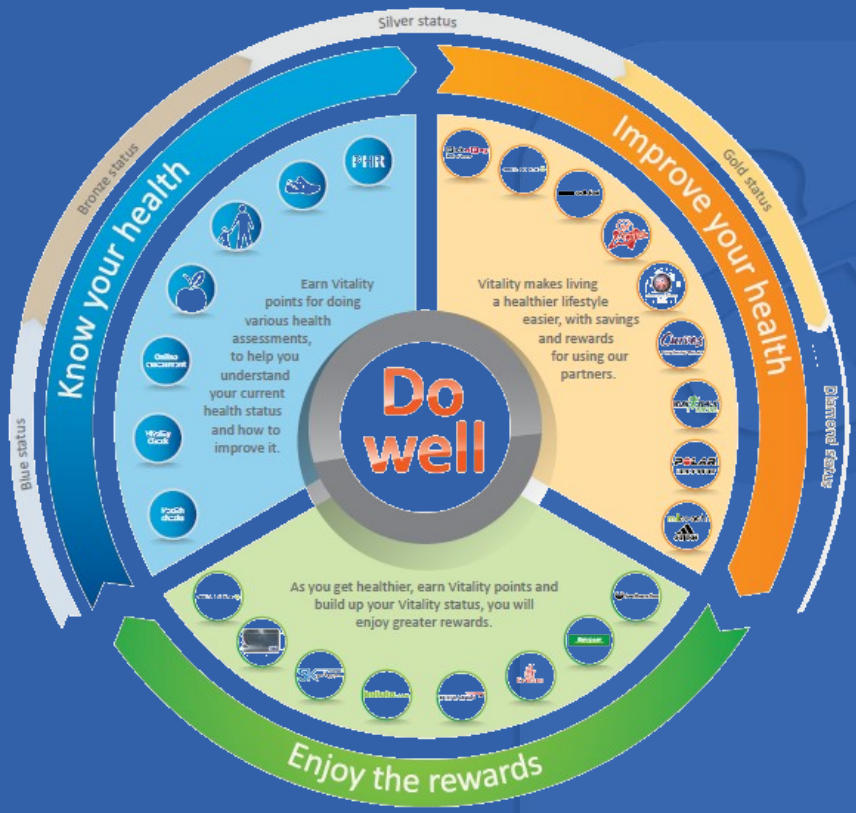

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Vitality's model of making members healthier

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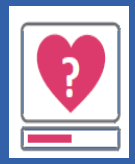
Know your health

Complete the Vitality assessments








Improve your health

Engage in activities and earn points

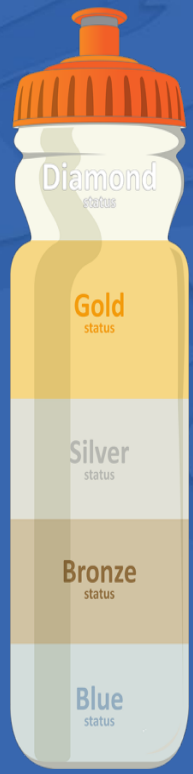







Enjoy the rewards

Achieve a Vitality Status and enjoy the rewards









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Publication of Vitality studies

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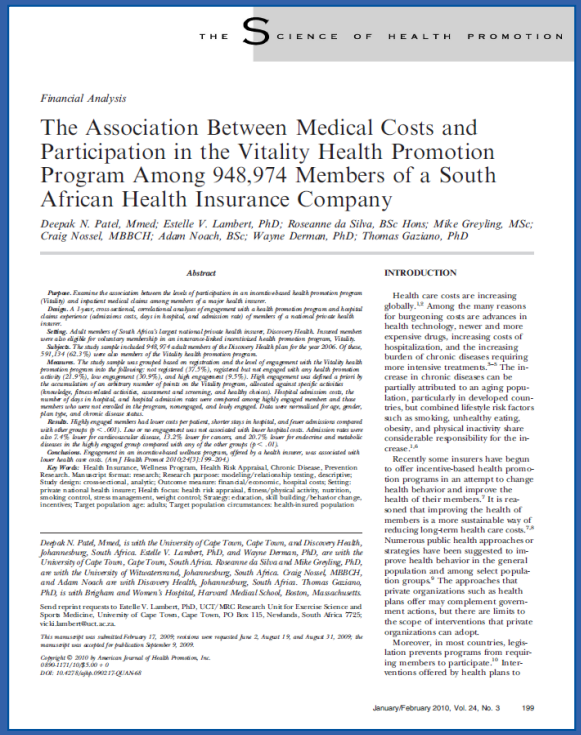
Cross-sectional



THE SCIENCE OF HEALTH PROMOTION

Financial Analysis

The Association Between Medical Costs and Participation in the Vitality Health Promotion Program Among 948,974 Members of a South African Health Insurance Company

Deepak N. Patel, Mmed; Estelle V. Lambert, PhD; Roseanne da Silva, BSc Hons; Mike Greyling, MSc; Craig Nossel, MBBCH; Adam Noach, BSc; Wayne Derman, PhD; Thomas Gaziano, PhD

Abstract

Purpose. Examine the association between the levels of participation in an incentive-based health promotion program (Vitality) and inpatient medical claims among members of a major health insurer.

Design. A 3 year, cross-sectional, correlational analysis of engagement with a health promotion program and hospital claims experience (admissions rate, days in hospital, and admission rate) of members of a national private health insurer.

Setting. Adult members of South Africa's largest national private health insurer, Discovery Health. Insured members were also eligible for voluntary membership in an insurance-linked incentivized health promotion program, Vitality.

Subjects. The study sample included 948,974 adult members of the Discovery Health plan for the year 2006. Of these, 591,154 (62.3%) were also members of the Vitality health promotion program.

Measures. The study sample was grouped based on registration and the level of engagement with the Vitality health promotion program into the following: not registered (37.5%), registered but not engaged with any health promotion activity (21.9%), low engagement (30.9%), and high engagement (9.5%). High engagement was defined a priori by the accumulation of an arbitrary number of points in the Vitality program, allocated against specific activities (knowledge, fitness-related activities, assessment and screening, and healthy choices). Hospital admission rate, the number of days in hospital, and hospital admission rates were compared among highly engaged members and those members who were not enrolled in the program, nonengaged, and lowly engaged. Data were normalized for age, gender, plan type, and chronic disease status.

Results. Highly engaged members had lower costs per patient, shorter stays in hospital, and fewer admissions compared with other groups ($p < .001$). Low or no engagement was not associated with lower hospital costs. Admission rates were also 7.4% lower for cardiovascular disease, 13.2% lower for cancers, and 20.7% lower for endocrine and metabolic diseases in the highly engaged group compared with any of the other groups ($p < .01$).

Conclusions. Engagement in an incentive-based wellness program, offered by a health insurer, was associated with lower health care costs. (Am J Health Promot 2010;24(3):196–204)

Key Words: Health Insurance, Wellness Program, Health Risk Appraisal, Chronic Disease, Prevention Research. Manuscript format: research; Research purpose: modeling/relationship testing; descriptive; Study design: cross-sectional, analytic; Outcome measure: financial/economic, hospital costs; Setting: private national health insurer; Health focus: health risk appraisal, fitness/physical activity, nutrition, smoking control, stress management, weight control; Strategy: education, skill building/behavior change, incentives; Target population age: adults; Target population circumstances: health-insured population

Deepak N. Patel, Mmed, is with the University of Cape Town, Cape Town, and Discovery Health, Johannesburg, South Africa. Estelle V. Lambert, PhD, and Wayne Derman, PhD, are with the University of Cape Town, Cape Town, South Africa. Roseanne da Silva and Mike Greyling, PhD, are with the University of Witwatersrand, Johannesburg, South Africa. Craig Nossel, MBBCH, and Adam Noach are with Discovery Health, Johannesburg, South Africa. Thomas Gaziano, PhD, is with Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts.

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0890-1171/10/$5.00 + 0
DOI: 10.4278/ajhp.090217QUAN48

INTRODUCTION

Health care costs are increasing globally.[1,2] Among the many reasons for burgeoning costs are advances in health technology, newer and more expensive drugs, increasing costs of hospitalization, and the increasing burden of chronic diseases requiring more intensive treatments.[3–5] The increase in chronic diseases can be partially attributed to an aging population, particularly in developed countries, but combined lifestyle risk factors such as smoking, unhealthy eating, obesity, and physical inactivity share considerable responsibility for the increase.[1,6]

Recently some insurers have begun to offer incentive-based health promotion programs in an attempt to change health behavior and improve the health of their members.[7] It is reasoned that improving the health of members is a more sustainable way of reducing long-term health care costs.[7,8] Numerous public health approaches or strategies have been suggested to improve health behavior in the general population and among select population groups.[9] The approaches that private organizations such as health plans offer may complement government actions, but there are limits to the scope of interventions that private organizations can adopt.

Moreover, in most countries, legislation prevents programs from requiring members to participate.[10] Interventions offered by health plans to

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PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY
VOLUME 6: NO. 4 OCTOBER 2009

ORIGINAL RESEARCH

Fitness-Related Activities and Medical Claims Related to Hospital Admissions — South Africa, 2006

Estelle V. Lambert, PhD; Rosanne da Silva; Deepak Patel, MD, MSc; Libero Fatti, PhD; Tracy Kolbe-Alexander, PhD; Adam Noach; Craig Nossel, MBChB, MBA; Wayne Derman, MBChB, PhD; Thomas Gaziano, MD, MSc

Suggested citation for this article: Lambert EV, da Silva R, Patel D, Fatti L, Kolbe-Alexander T, Noach A, et al. Fitness-related activities and medical claims related to hospital admissions — South Africa, 2006. Prev Chronic Dis 2009;6(4). http://www.cdc.gov/pcd/issues/2009/oct/08_0226.htm. Accessed [*date*].

PEER REVIEWED

Abstract

Introduction

We report on the effect of an incentive-based wellness program on medical claims and hospital admissions among members of a major health insurer. The focus of this investigation was specifically on fitness-related activities in this insured population.

Methods

Adult members of South Africa's largest private health insurer (n = 948,974) were grouped, a priori, on the basis of documented participation in fitness-related activities, including gym visits, into inactive (80%, equivalent to ≤3 gym visits/y), low active (7.0%, 4-23 gym visits/y), moderate active (5.2%, 24-48 gym visits/y), and high active (7.4%, >48 gym visits/y) groups. We compared medical claims data related to hospital admissions between groups after adjustment for age, sex, medical plan, and chronic illness benefits.

Results

Hospitalization costs per member were lower in each activity group compared with the inactive group. This same pattern was demonstrated for admissions rates. There was good agreement between level of participation in fitness-related activities and in other wellness program offerings; 90% of people only nominally engaged in the wellness program also were low active or inactive, whereas 84% of those in the high active group also had the highest overall participation in the wellness program.

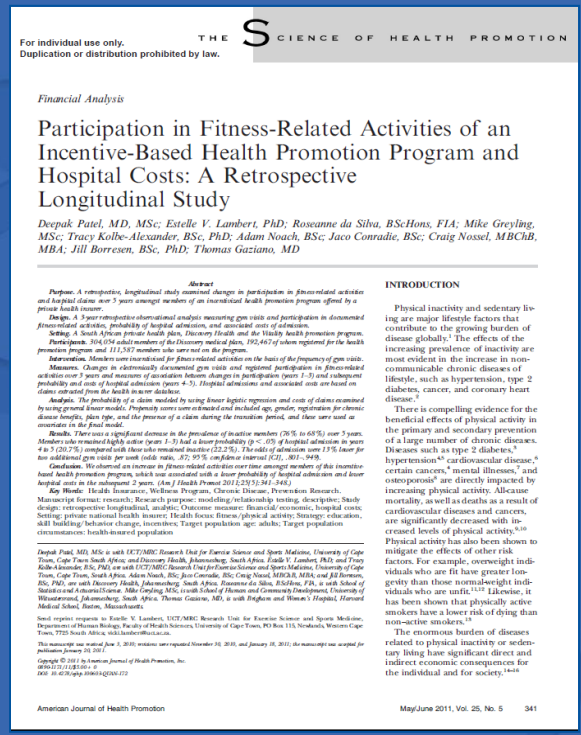
Conclusion

Participation in fitness-related activities within an incentive-based health insurance wellness program was associated with lower health care costs. However, involvement in fitness-related activities was generally low, and further research is required to identify and address barriers to participation in such programs.

Introduction

Physical activity can reduce illnesses and deaths linked to chronic diseases (1,2). The health benefits of physical activity increase with increasing frequency, duration, and intensity of exercise (2-4). Data from longitudinal cohort studies suggest that physical inactivity is associated with at least a 1.5-fold to 2.0-fold higher risk of most chronic diseases of lifestyle, such as coronary heart disease, type 2 diabetes, and hypertension (1,5), and accounts for an estimated 1.3% of lost disability-adjusted life-years worldwide. Furthermore, studies corroborate the public health recommendation that 30 minutes of accumulated, moderate-to-vigorous intensity physical activity on most days is protective for these chronic diseases (3). The associated risk of inactivity is similar in magnitude to many other well-known risk factors, such as overweight, smoking, hyperlipidemia, and low fruit and vegetable intake (1,6).

Longitudinal



THE SCIENCE OF HEALTH PROMOTION

Financial Analysis

Participation in Fitness-Related Activities of an Incentive-Based Health Promotion Program and Hospital Costs: A Retrospective Longitudinal Study

Deepak Patel, MD, MSc; Estelle V. Lambert, PhD; Roseanne da Silva, BScHons, FIA; Mike Greyling, MSc; Tracy Kolbe-Alexander, BSc, PhD; Adam Noach, BSc; Jaco Conradie, BSc; Craig Nossel, MBChB, MBA; Jill Borresen, BSc, PhD; Thomas Gaziano, MD

Abstract

Purpose. A retrospective, longitudinal study examined changes in participation in fitness-related activities and hospital claims over 5 years amongst members of an incentivized health promotion program offered by a private health insurer.

Design. A 5-year retrospective observational analysis measuring gym visits and participation in documented fitness-related activities, probability of hospital admission, and associated costs of admission.

Setting. A South African private health plan, Discovery Health and the Vitality health promotion program.

Participants. 304,054 adult members of the Discovery medical plan, 192,467 of whom registered for the health promotion program and 111,583 members who were not on the program.

Intervention. Members were incentivized for fitness-related activities on the basis of the frequency of gym visits.

Measures. Changes in electronically documented gym visits and registered participation in fitness-related activities over 5 years and measures of association between changes in participation (years 1–3) and subsequent probability and costs of hospital admission (years 4–5). Hospital admissions and associated costs are based on claims extracted from the health insurer database.

Analysis. The probability of a claim modeled by using linear logistic regression and costs of claims examined by using general linear models. Propensity scores were estimated and included age, gender, registration for chronic disease benefits, plan type, and the presence of a claim during the investation period, and these were used as covariates in the final model.

Results. There was a significant decrease in the prevalence of inactive members (26% to 68%) over 5 years. Members who remained highly active (years 1–3) had a lower probability ($p < .05$) of hospital admission in years 4 to 5 (20.7%) compared with those who remained inactive (22.2%). The odds of admission were 13% lower for two additional gym visits per week (odds ratio, .87; 95% confidence interval [CI], .801–.949.

Conclusion. We observed an increase in fitness-related activities over time amongst members of this incentive-based health promotion program, which was associated with a lower probability of hospital admission and lower hospital costs in the subsequent 2 years. (Am J Health Promot 2011;25(5):341–348.)

Key Words: Health Insurance, Wellness Program, Chronic Disease, Prevention Research. Manuscript format: research; Research purpose: modeling/relationship testing, descriptive; Study design: retrospective longitudinal, analytic; Outcome measure: financial/economic, hospital costs; Setting: private national health insurer; Health focus: fitness/physical activity; Strategy: education, skill building/behavior change, incentives; Target population age: adults; Target population circumstances: health-insured population

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Send reprint requests to Estelle V. Lambert, UCT/MRC Research Unit for Exercise Science and Sports Medicine, Department of Human Biology, Faculty of Health Sciences, University of Cape Town, PO Box 115, Newlands, Western Cape Town, 7725 South Africa; vicki.lambert@uct.ac.za.

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DOI: 10.4278/ajhp.100601-QUAN-172

INTRODUCTION

Physical inactivity and sedentary living are major lifestyle factors that contribute to the growing burden of disease globally.[1] The effects of the increasing prevalence of inactivity are most evident in the increase in noncommunicable chronic diseases of lifestyle, such as hypertension, type 2 diabetes, cancer, and coronary heart disease.[2]

There is compelling evidence for the beneficial effects of physical activity in the primary and secondary prevention of a large number of chronic diseases. Diseases such as type 2 diabetes,[3] hypertension[4,5] cardiovascular disease,[6] certain cancers,[7] mental illnesses,[7] and osteoporosis[8] are directly impacted by increasing physical activity. All-cause mortality, as well as deaths as a result of cardiovascular diseases and cancers, are significantly decreased with increased levels of physical activity.[9,10] Physical activity has also been shown to mitigate the effects of other risk factors. For example, overweight individuals who are fit have greater longevity than those normal-weight individuals who are unfit.[11,12] Likewise, it has been shown that physically active smokers have a lower risk of dying than non–active smokers.[13]

The enormous burden of diseases related to physical inactivity or sedentary living have significant direct and indirect economic consequences for the individual and for society.[14–16]

Opbouw van de voordracht

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Uit mijn Cappuccinoboek…..

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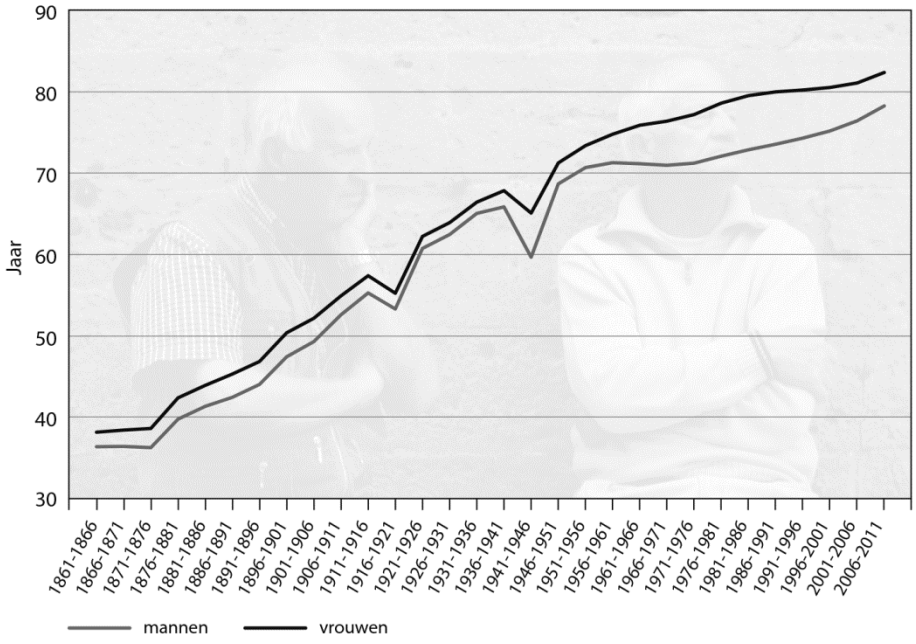
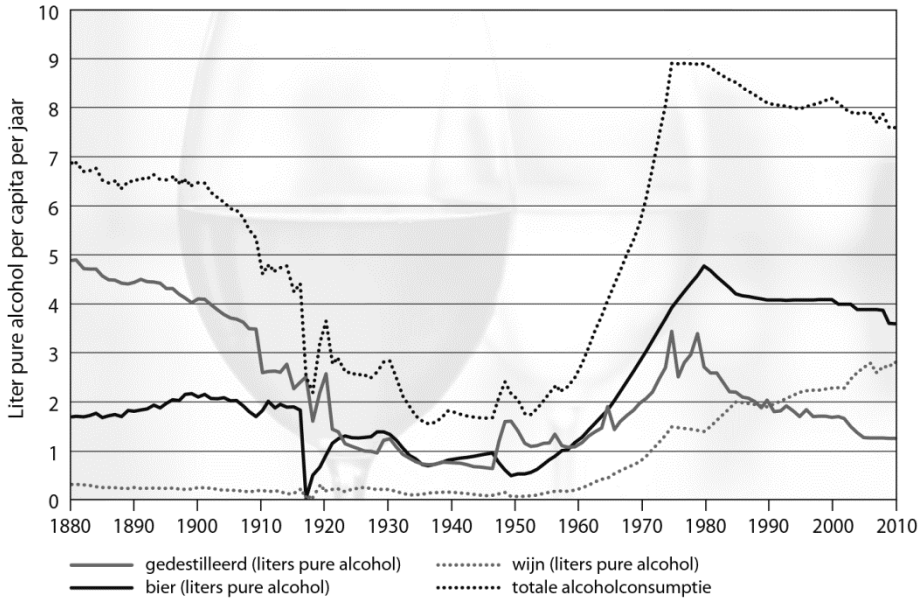
Afbeelding 2.1 **Levensverwachting bij geboorte voor mannen en vrouwen: 1866 – 2011**



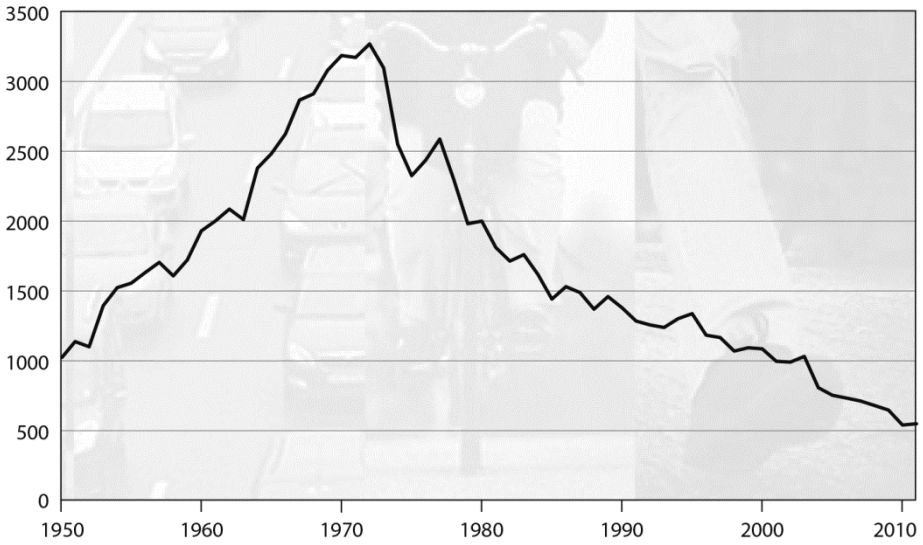
Bron: Centraal Bureau voor de Statistiek, Den Haag/Heerlen 30-4-2014

Afbeelding 2.2 **Alcoholconsumptie in Nederland: bier, wijn en gedestilleerd, 1880 -2011**



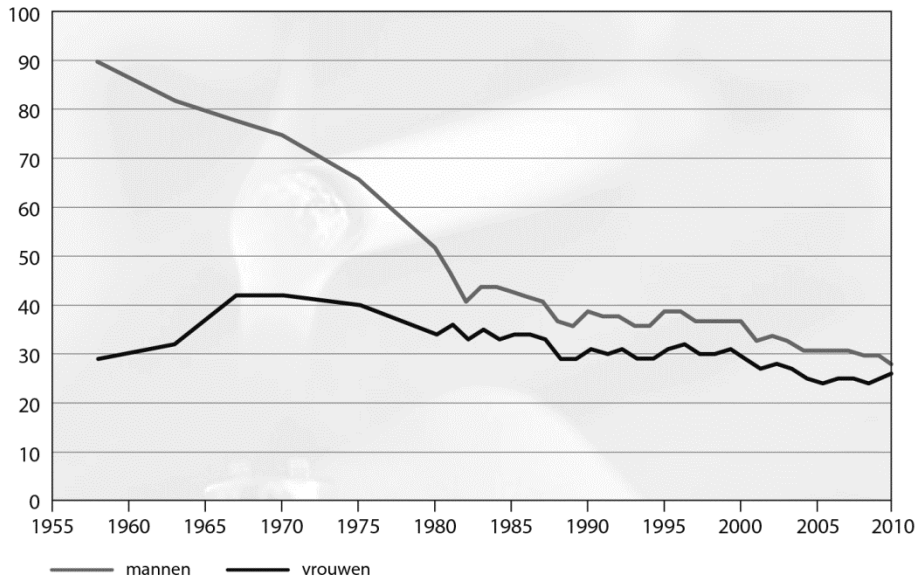
Bron: opgave in 2013 ten behoeve van dit boek door het Nederlands Instituut voor Alcoholbeleid

Afbeelding 2.3 **Totaal aantal verkeersdoden 1950-2011**



Bron: cijfers 1950 -2005: Stichting Wetenschappelijk Onderzoek Verkeersveiligheid (SWOV), De top bedwongen, balans van de verkeersonveiligheid in Nederland 1950-2005, Leidschendam, 2007. Cijfers 2006 -2012: Statline.cbs.nl geraadpleegd op 30 april 2014.

Afbeelding 2.4 **Percentage rokers mannen en vrouwen 1958 – 2010**



Bronnen: Gadourek: 'Riskante gewoonten' (1958); NOP & TON-enquêtes (1963-1975); TNS NIPO: 'Continu Onderzoek Rookgewoonten' (1979-2010).

Wat werkte in het verleden bij preventie?

Guus Schrijvers

- Gelijktijdig aanpak van omgeving, gedrag en prijs
- Een ramp stimuleert preventie
- Personen doen ertoe
- Overheid volgt en neemt niet het initiatief

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Waaraan moet moderne preventie voldoen?

Guus Schrijvers

- Gelijktijdig aanpak van omgeving, gedrag en prijs
- Een ramp stimuleert preventie
- Personen doen ertoe
- Overheid volgt en neemt niet het initiatief
- Multi actoren aanpak

- Preventie is geen middel om kosten te besparen

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Opbouw van de voordracht

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Moderne preventie, bijvoorbeeld:

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- Het melden en tegengaan van huiselijk geweld, kindermishandeling, vallen, zorg en dwang, ondervoeding, decubitus, depressie en alcoholmisbruik
- Het tegengaan van overgewicht, roken en overmatig alcoholgebruik
- Het voorkomen van eenzaamheid, sociale isolatie en onderlinge agressie
- Welzijn op recept
- Kankerrevalidatie; hartrevalidatie;
- Therapietrouw bevorderen bij chronische zorg
- Preventie van overbelasting mantelzorg
- Leefstijladvisering
- Tegengaan van hoge zorgconsumptie door SOLK

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Gedragsinterventies

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- In groepen en lokaal
- Blended learning
- Onderbouwd met een didactiek: cursorisch
- Geen nieuwe afhankelijkheid creëren

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Nieuwe omgevingsinterventies:

Guus Schrijvers

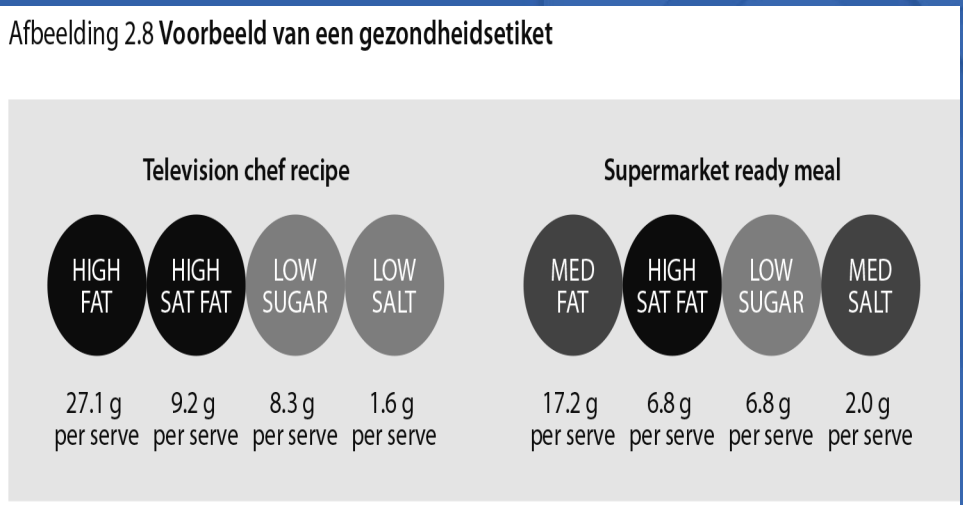
- Meegaan met de kernwaarden van de omgeving
- Make the healthy choice easier
- Uit je dak gaan zonder genotmiddelen, ja dat kan
- Stoppen-met-roken cursus aanbieden aan elke te opereren patiënt

Nieuwe omgevingsinterventies: terugdringen van overgewicht

Guus Schrijvers

- Andere inrichting van woonwijken: meer groen
- Gezondheidsetikettering
- Calorieën per gerecht op menukaart

Afbeelding 2.8 **Voorbeeld van een gezondheidsetiket**



Bron: Howard S, Adams J, White M. Nutritional content of supermarket ready meals and recipes by television chefs in the United Kingdom: cross sectional study. BMJ. 2012 Dec 14;345:e7607. doi: 10.1136/bmj.e7607.

Werken met financiële prikkels

Guus Schrijvers

1. Voortaan hoge BTW op ongezonde levensmiddelen
2. Accijns op frisdrank
3. Spaarpunten verdienen door gezond gedrag
4. Korting op nominale premie indien chronisch zieken cursussen volgen
5. Gratis lidmaatschap van patiëntenorganisatie
6. Vouchers om te innoveren
7. Preventieve interventies in het pakket van de Zorgverzekeringswet
8. Minimumprijs voor alcohol

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Voor moderne preventie geldt:

Guus Schrijvers

- Gezondheidsbevordering is libertair paternalistisch
- Motivational interviewing, dat is nodig
- Geld uit curatieve zorg naar preventie: shared savings
- Burger is co-producent van gezondheid
- Patient empowerment is van belang

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Opbouw van de voordracht

Guus Schrijvers

1. Wat bewezen is over preventieve interventies
2. Vijf successen uit het verleden
3. Thans: moderne preventie
4. Conclusies

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Conclusie

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- Losse interventies werken niet of nauwelijks
- Multi actoren aanpak werkt wel
- Preventie had in het verleden 5x succes
- Moderne preventie vereist geïntegreerde aanpak van omgeving, gedrag en financiële prikkels

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- **En dan hebben wij succes**

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Guus Schrijvers

Ik dank u voor uw aandacht

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Guus Schrijvers

Ik dank u voor uw aandacht

Nog een reclamespot:

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GUUS SCHRIJVERS

ZORGINNOVATIE VOLGENS HET CAPPUCCINOMODEL

VOOR HETZELFDE GELD EEN BETERE GEZONDHEIDSZORG

Thoeris

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