Health@IBM

Kyu Rhee, Vice President and Chief Health Director, IBM

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Agenda

- Vision and Mission
  - Reducing Costs
  - Improving Quality
  - Driving Innovation
- 50 Global Health Priorities

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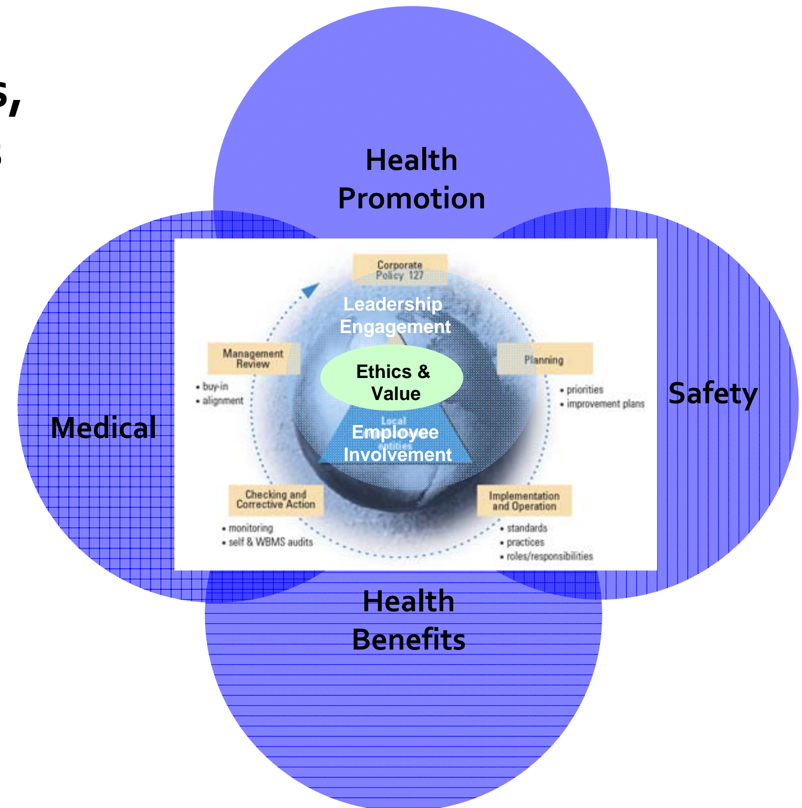
IBM's Vision and Mission for a Healthy Global Workforce

VISION

Optimize **performance** through **healthy choices, people, workplaces, families and communities**

MISSION

- Address **local and global health priorities**
- Improve the **overall health** of our employees
- Provide **safe and healthy work environments**
- Support **business continuity**
- Design health benefits and health promotion programs to improve **access**, increase **quality**, reduce **costs** and drive **innovation**



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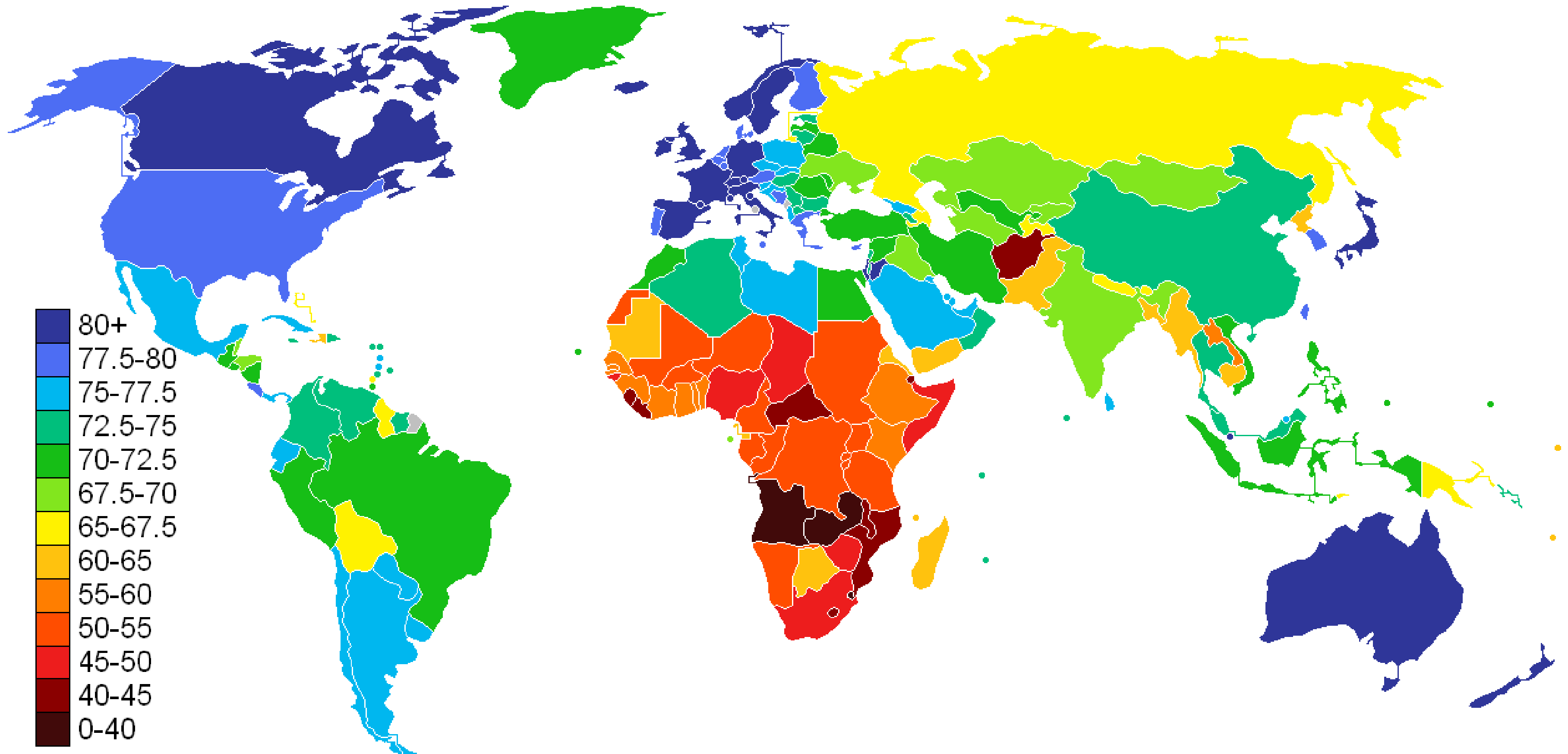
Address local and global health priorities



Source: CIA Factbook 2011

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Improve the overall health of our employees

Definition of Health Promotion

Health Promotion is the art and science of helping people discover the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice.

Michael P. O'Donnell (2009) Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. American Journal of Health Promotion: September/October 2009, Vol. 24, No. 1, pp. iv-iv.

Physical : Fitness. Nutrition. Medical self-care. Control of substance abuse.

Emotional : Care for emotional crisis. Stress Management

Social : Communities. Families. Friends

Intellectual : Educational. Achievement. Career development

Spiritual : Love. Hope. Charity.

Source: Journal of Health Promotion

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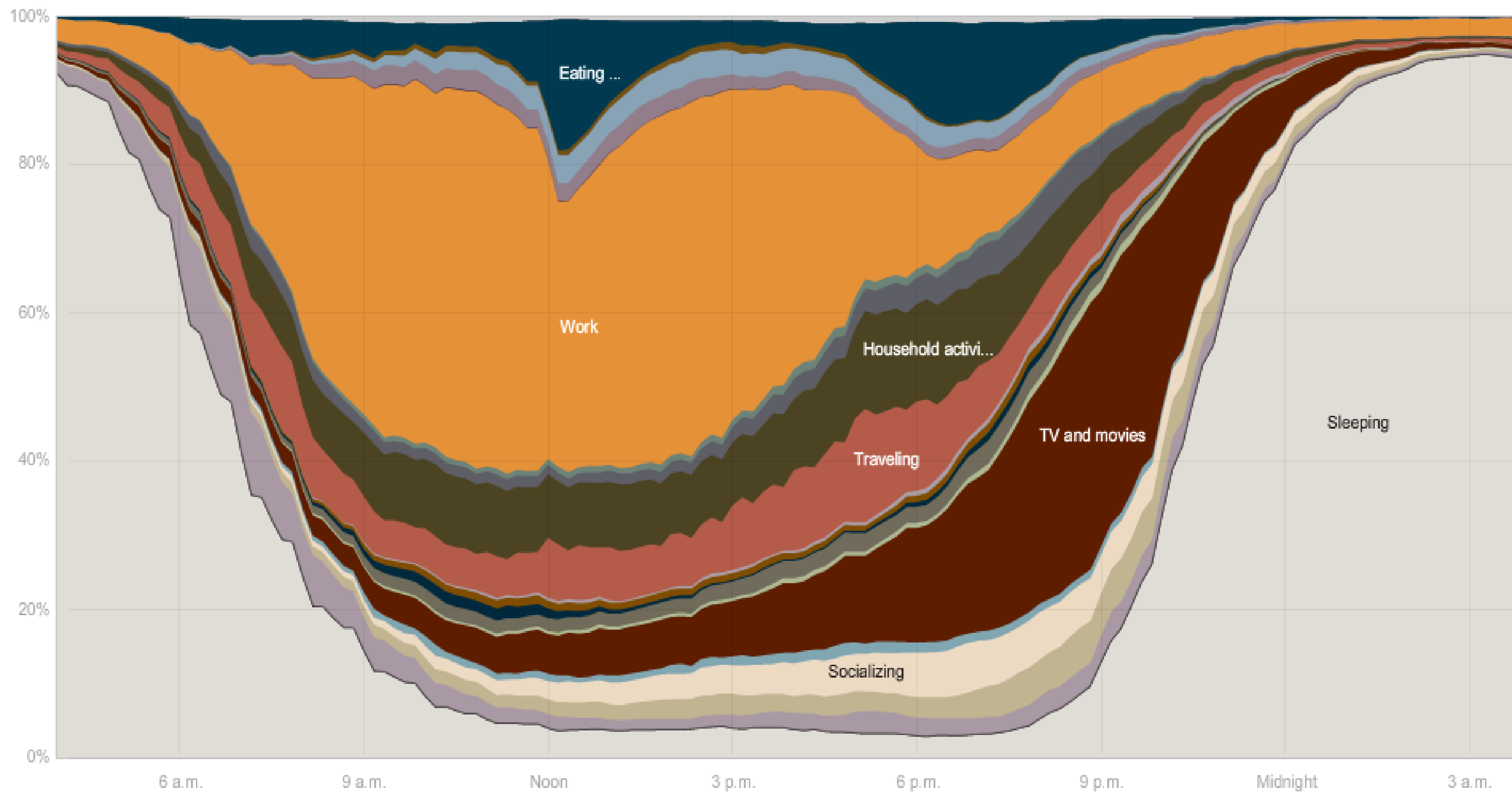
Provide safe and healthy work environments



Source: New York Times and Department of Labor 2011.

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Support business continuity

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Design health benefits and health promotion programs to improve access, increase quality, reduce costs and drive innovation

DIMENSIONS OF THE PROBLEM

DOI: 10.1377/hlthaff.2011.0585
HEALTH AFFAIRS 30,
NO. 9 (2011): 1630-1636
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The People-to-People Health Foundation, Inc.

By David I. Auerbach and Arthur L. Kellermann

A Decade Of Health Care Cost Growth Has Wiped Out Real Income Gains For An Average US Family

David I. Auerbach (auerbach@rand.org) is a health economist at RAND in Boston, Massachusetts.

Arthur L. Kellermann is vice president and director of RAND Health, in Santa Monica, California.

ABSTRACT Although a median-income US family of four with employer-based health insurance saw its gross annual income increase from $76,000 in 1999 to $99,000 in 2009 (in current dollars), this gain was largely offset by increased spending to pay for health care. Monthly spending increases occurred in the family's health insurance premiums (from $490 to $1,115), out-of-pocket health spending (from $135 to $235), and taxes devoted to health care (from $345 to $440). After accounting for price increases in other goods and services, the family had $95 more in monthly income to devote to nonhealth spending in 2009 than in 1999. By contrast, had the rate of health care cost growth not exceeded general inflation, the family would have had $545 more per month instead of $95—a difference of nearly $5,400 per year. Even the $95 gain was artificial, because tax collections in 2009 were insufficient to cover actual increases in federal health spending. As a result, we argue, the burdens imposed on all payers by steadily rising health care spending can no longer be ignored.

PREVENTION

By Katherine Baicker, David Cutler, and Zirui Song

Workplace Wellness Programs Can Generate Savings

doi: 10.1377/hlthaff.2009.0626
HEALTH AFFAIRS 29,
NO. 2 (2010): -
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The People-to-People Health Foundation, Inc.

Katherine Baicker (Kbaicker@hsph.harvard.edu) is a professor of health economics at the School of Public Health, Harvard University, in Boston, Massachusetts.

David Cutler is a professor of economics at Harvard University.

Zirui Song is a doctoral candidate at Harvard Medical School.

ABSTRACT Amid soaring health spending, there is growing interest in workplace disease prevention and wellness programs to improve health and lower costs. In a critical meta-analysis of the literature on costs and savings associated with such programs, we found that medical costs fall by about $3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about $2.73 for every dollar spent. Although further exploration of the mechanisms at work and broader applicability of the findings is needed, this return on investment suggests that the wider adoption of such programs could prove beneficial for budgets and productivity as well as health outcomes.

Figure 1. Global Average Medical Trends: 2006–2011

	Global medical trends				Net medical trends*			
Measure	2006**	2009	2010	2011	2006**	2009	2010	2011
All	10.6%	10.2%	9.8%	10.5%	6.8%	6.9%	5.7%	6.8%
Advanced***	6.6%	9.1%	8.9%	9.3%	4.7%	8.8%	7.2%	7.7%
Emerging***	13.9%	11.3%	10.7%	11.8%	8.5%	5.0%	4.2%	5.8%
Asia Pacific	12.2%	9.9%	10.3%	10.2%	8.8%	8.1%	6.6%	7.1%
China	15.2%	10.1%	8.9%	9.4%	13.7%	10.8%	5.3%	6.7%
Hong Kong	6.8%	6.8%	7.0%	7.4%	4.8%	6.3%	4.3%	4.4%
India	22.0%	12.0%	13.2%	12.3%	15.8%	1.1%	0.0%	5.7%
Indonesia		10.7%	13.4%	14.2%		5.9%	8.3%	8.7%
Japan		6.2%	3.2%	4.0%		7.6%	4.1%	4.3%
Malaysia		8.9%	7.8%	9.6%		8.3%	5.6%	7.5%
Philippines	11.6%	10.0%	10.3%	10.3%	5.4%	6.8%	5.8%	6.3%
Singapore	5.5%	7.1%	7.4%	8.4%	4.5%	6.6%	4.5%	6.0%
South Korea		13.0%	14.0%	10.0%		10.2%	10.9%	6.6%
Taiwan		15.0%	20.0%	17.3%		15.9%	18.5%	15.8%
Thailand		8.8%	8.4%	9.0%		9.6%	5.4%	6.2%
Europe	5.4%	9.4%	7.8%	9.1%	3.6%	8.2%	5.8%	7.2%
Belgium		7.8%	7.6%	8.8%		7.8%	5.6%	6.8%
Cyprus		7.0%	5.0%	10.0%		6.8%	2.8%	7.7%
France	5.6%	6.5%	6.1%	8.4%	3.7%	6.4%	4.5%	6.8%
Greece		9.8%	9.3%	10.8%		8.5%	4.7%	8.6%
Ireland		12.0%	12.0%	10.0%		13.7%	13.6%	10.5%
Italy	5.5%	8.3%	8.3%	9.5%	3.3%	7.5%	6.6%	7.8%
Netherlands	6.0%	5.0%	4.0%	5.5%	4.3%	4.0%	2.7%	4.4%
Portugal		5.9%	6.1%	6.5%		6.8%	5.2%	5.3%
Russia		18.3%	6.7%	11.7%		6.7%	0.1%	4.2%
Spain		9.3%	8.7%	9.7%		9.6%	7.2%	8.5%
Switzerland	3.8%	9.0%	8.0%	9.5%	2.7%	9.5%	7.3%	9.0%
United Kingdom	6.0%	9.3%	8.8%	9.5%	3.7%	7.1%	5.7%	7.0%
Latin America	14.6%	11.6%	12.1%	13.7%	8.4%	4.0%	4.7%	6.1%
Brazil	9.2%	10.4%	9.8%	11.0%	5.0%	5.5%	4.8%	6.4%
Chile	5.8%	13.9%	13.8%	18.3%	2.4%	12.3%	12.1%	15.3%
Colombia		8.0%	11.3%	11.0%		3.8%	8.8%	8.4%
Costa Rica		10.0%	10.0%	11.0%		2.2%	4.4%	6.8%
Mexico	12.0%	10.7%	9.7%	10.0%	8.4%	5.4%	5.4%	6.8%
Panama		8.3%	8.3%	9.5%		5.8%	4.8%	6.5%
Venezuela	31.3%	20.0%	21.7%	25.0%	17.6%	-7.1%	-7.5%	-7.2%
Middle East/Africa	11.4%	10.9%	10.1%	10.3%	6.3%	3.7%	3.5%	4.4%
Egypt	10.0%	13.3%	10.8%	11.3%	5.8%	-3.0%	-1.0%	1.3%
Saudi Arabia	13.3%	12.0%	10.0%	10.8%	11.0%	6.9%	4.5%	5.5%
South Africa	7.4%	12.5%	10.4%	9.3%	2.7%	5.4%	4.8%	3.4%
Turkey		6.3%	10.7%	10.0%		0.1%	2.0%	4.3%
United Arab Emirates	15.0%	10.3%	8.9%	10.1%	5.7%	9.0%	6.9%	7.6%
North America	10.3%	10.8%	11.3%	11.6%	7.7 %	10.8%	9.7%	10.1%
Canada	12.3%	12.5%	12.5%	13.3%	10.3%	12.2%	10.7%	11.3%
United States	8.3%	9.1%	10.1%	9.9%	5.1%	9.4%	8.7%	8.9%

Source: Health Affairs, Towers Watson Global Medical Trends 2011

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Increasing QUALITY: How Do We Live Longer and Healthier?

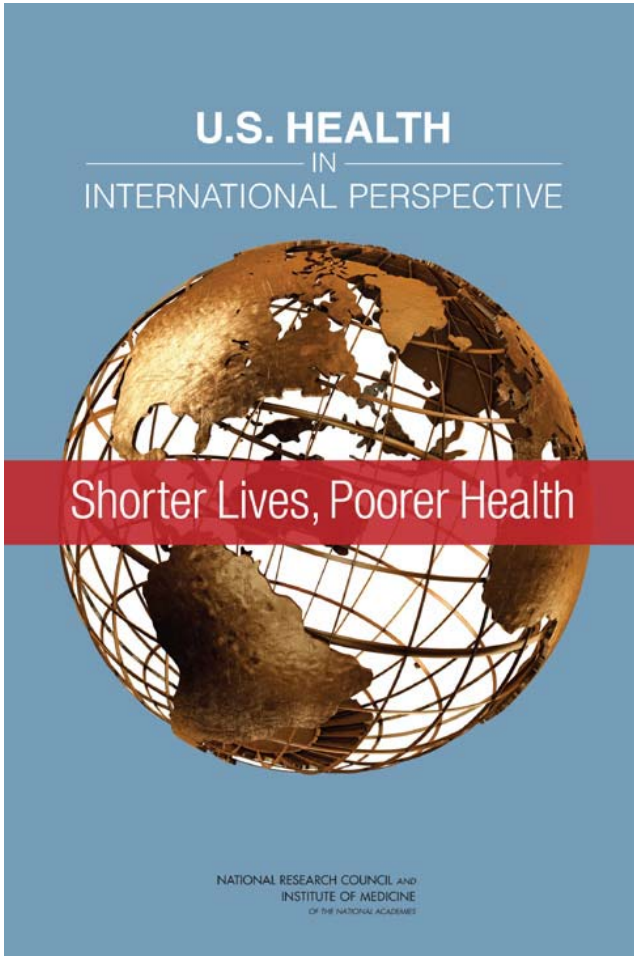

TABLE: Seventeen High-Income Countries Ranked by Life Expectancy at Birth, 2007

Males			Females		
Rank	Country	Average Length of Life	Rank	Country	Average Length of Life
1	Switzerland	79.33	1	Japan	85.98
2	Australia	79.27	2	France	84.43
3	Japan	79.20	3	Switzerland	84.09
4	Sweden	78.92	3	Italy	84.09
5	Italy	78.82	5	Spain	84.03
6	Canada	78.35	6	Australia	83.78
7	Norway	78.25	7	Canada	82.95
8	Netherlands	78.01	7	Sweden	82.95
9	Spain	77.62	9	Austria	82.86
10	United Kingdom	77.43	9	Finland	82.86
11	France	77.41	11	Norway	82.68
12	Austria	77.33	12	Germany	82.44
13	Germany	77.11	13	Netherlands	82.31
14	Denmark	76.13	14	Portugal	82.19
15	Portugal	75.87	15	United Kingdom	81.68
16	Finland	75.86	16	United States	**80.78**
17	United States	**75.64**	17	Denmark	80.53

Source: Institute of Medicine 2013

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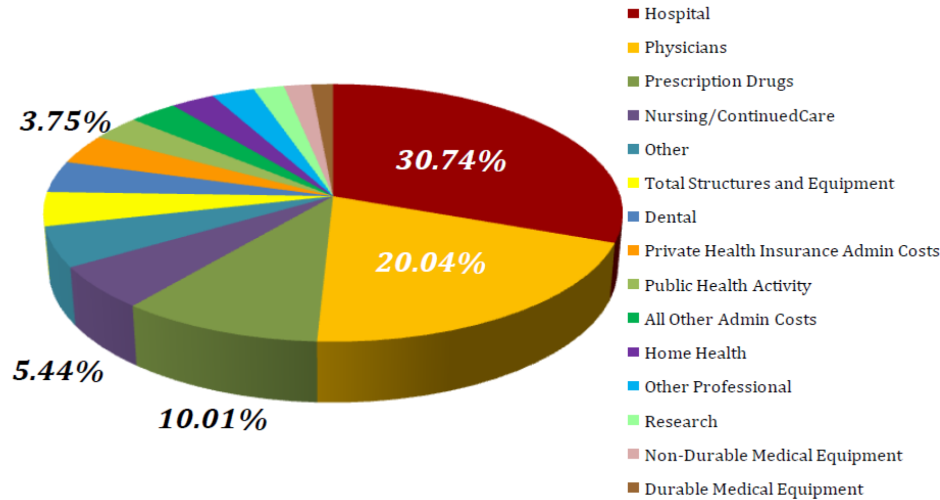
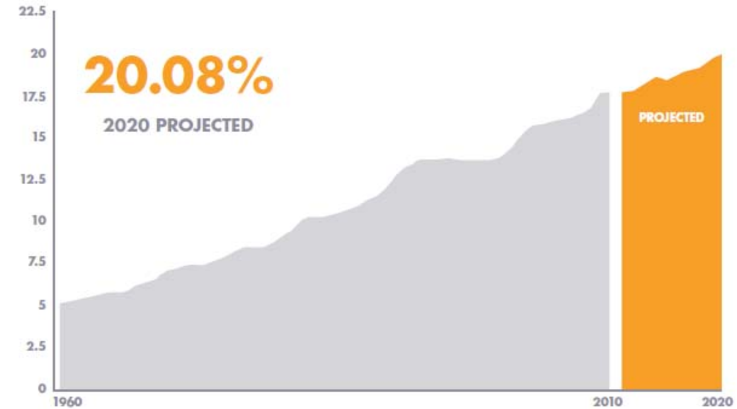
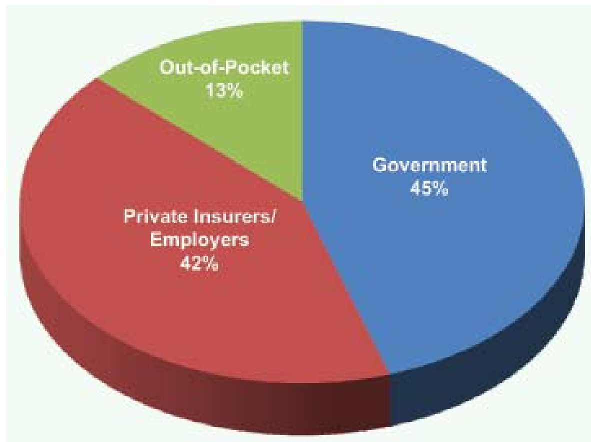
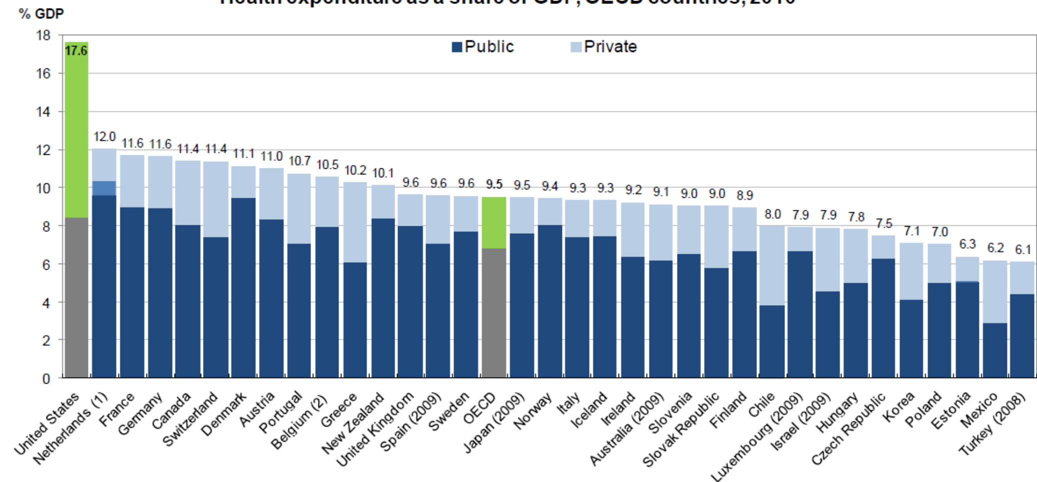
Reducing COSTS: How Do We Make the Pie Smaller?









Sources: CMS, WHO, AHIP, OECD

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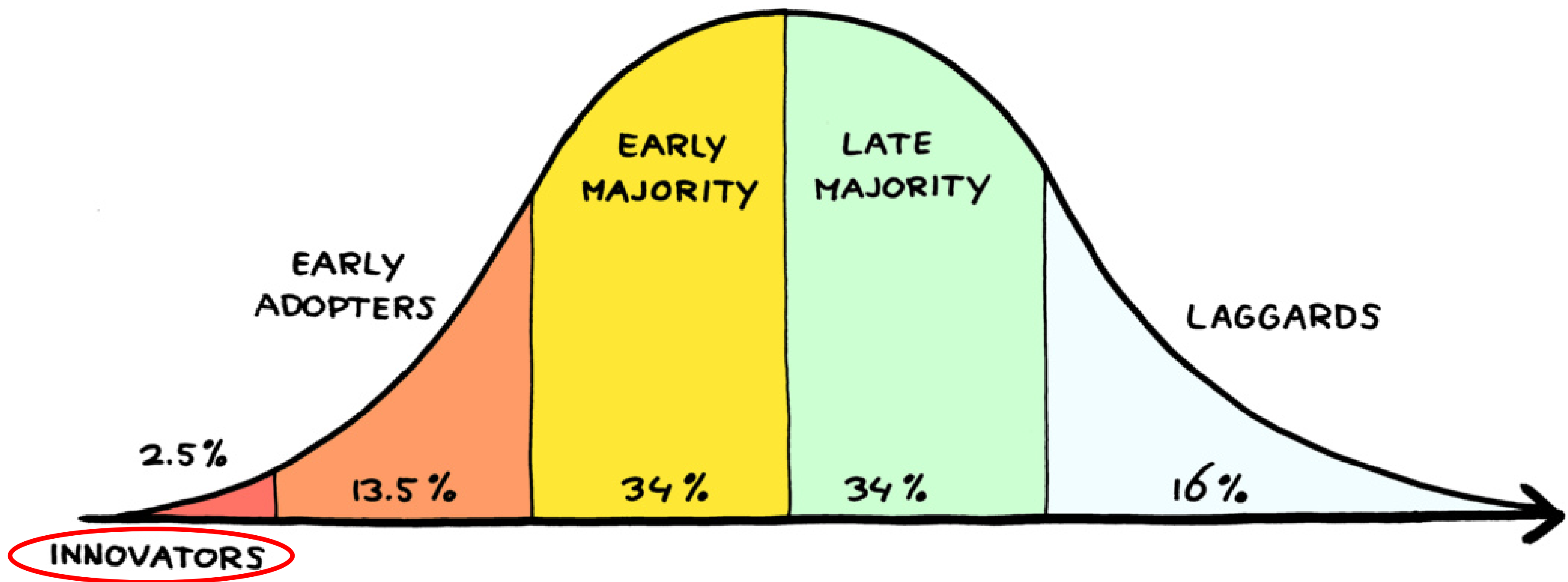
Driving INNOVATION: How Do We Disrupt Healthcare?



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IBM 50 Global Health Priorities

Safety		*Medical*		*Health Benefits*		*Health Promotion*	
A1	Office & General Workplace	B1	Clinical Services	C1	Primary Care	D1	Health Risk Assessments
A2	Building Design & Operation	B2	Medical Case Management	C2	Medication Coverage	D2	Active Living
A3	Accident & Incident Management	B3	Occupational Injury & Illness Management	C3	Behavioral Health	D3	Healthy Eating
A4	Ergonomics	B4	Sick Leave & Disability Coverage	C4	Maternity & Reproductive Health	D4	Sleep & Rest
A5	Transportation Safety	B5	Travel Health & Events	C5	Newborn & Pediatric Health	D5	Mental & Emotional Well-Being
A6	Manufacturing & Research	B6	Executive Health	C6	Elder Health	D6	Preventing Tobacco, Alcohol, & Drug Abuse
A7	Contractors & Vendors	B7	Food & Water Safety	C7	Emergency Care	D7	Injury & Violence Free Living
A8	Non-IBM Environments	B8	Emergency Preparedness & Response	C8	Specialty Care	D8	Infection Prevention
A9	Acquisitions & Outsourcing	B9	Evidence-Based	C9	Oral & Vision Health	D9	Clinical Prevention
A10	IT Maintenance	B10	Special Programs	C10	Target Populations & Conditions	D10	Engagement Strategies

Foundational Principles

E1	Leadership & Public Policy Influence	E3	Legal & Regulatory Compliance and Controls	E6	Health Information Management	E9	Partnerships
E2	Talent	E4	Population Health, Analytics, & Quality Improvement	E7	Communication	E10	Innovation
		E5	Learning	E8	Business Support		

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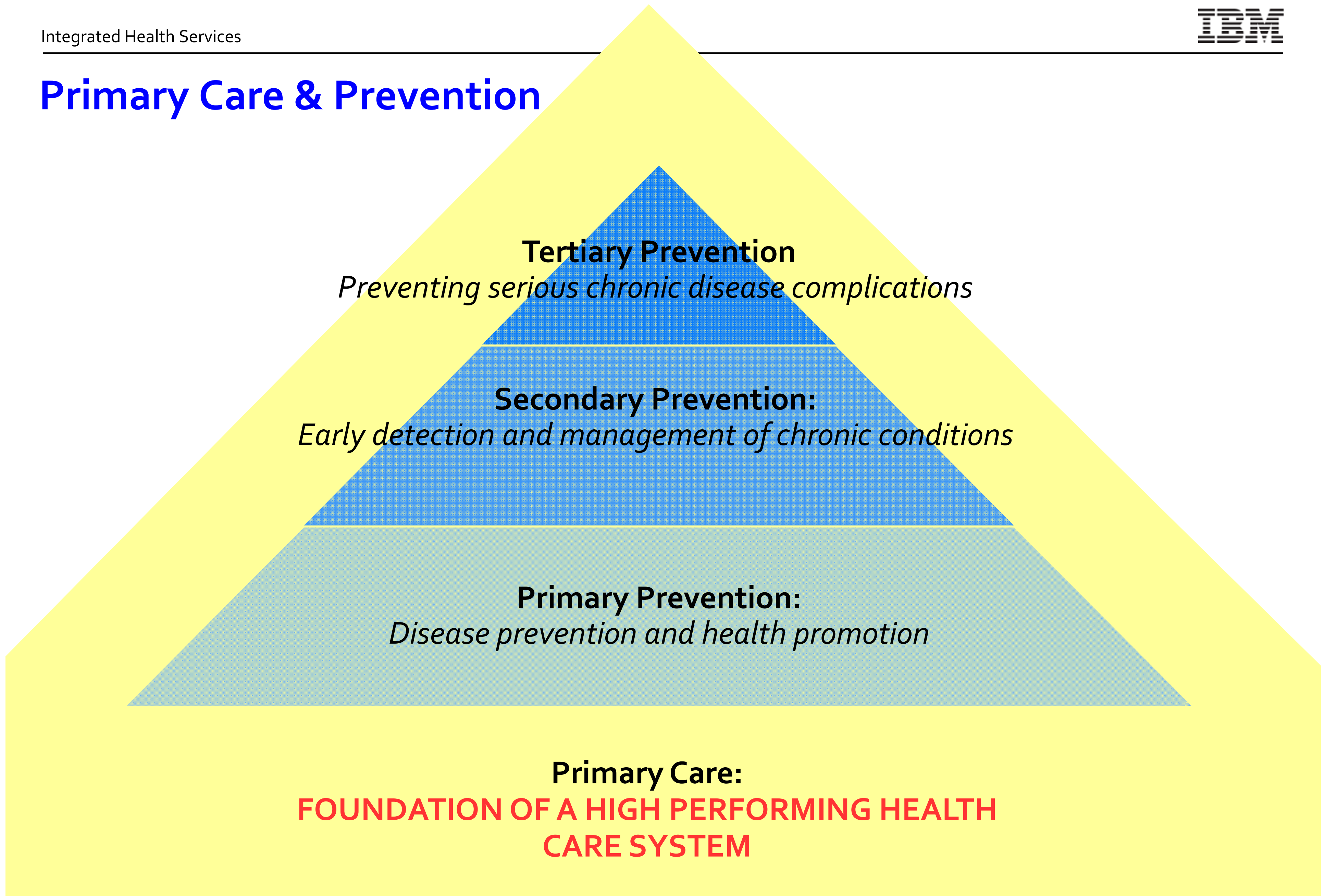
Primary Care & Prevention



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