



Insurers as Financial Sustainability Partners

Health Insurers and Health Plans

Organizations that provide health care coverage may be funded by public dollars (Medicaid and Medicare, for example) or by payments from private entities (e.g., employers or unions that purchase coverage for groups, or people purchasing individual health coverage). Insurance is an enormously complex topic, so the discussion here will cover only a few general categories of organizations that have successfully partnered with members of the Oregon Living Well Network and contributed to the financial sustainability of programs.

Commercial Health Insurance Plans

Background:

Commercial health insurance plans are organizations that contract with individuals or entities like employers or unions to cover expenses for a set array of medical services for members younger than 65. Because they accept the risk associated with providing medical services to large groups of people, commercial plans are interested in reducing the likelihood of expensive events occurring and keeping the populations they provide coverage for as healthy as possible.

Some commercial plans are set up as health maintenance organizations (HMOs), which contract with a specific network of providers and generally only cover services from within the network unless specific pre-authorization is granted. Others serve as preferred provider organizations (PPOs), which cover a higher proportion of the cost of services from providers and facilities on a “preferred” list.

Why Commercial Insurers Would Want to Support Living Well:

Commercial health plans are under financial pressure; the cost of providing services is increasing, and there is a limit to how far premiums may be raised. Although many health plans based in Oregon are nonprofit companies, they are still competitive businesses that are concerned with providing a quality service for a reasonable price.

Living Well helps insurers control costs by shifting a portion of the health care burden off the delivery system while empowering and activating members. As the number of Oregonians living with chronic conditions continues to grow, Living Well can help

Resource for Identifying Health Insurance Prospects

Searchable national insurance database:

<http://finder.healthcare.gov/>



members learn how to improve communication with their health care providers and caregivers and use the health system appropriately. Living Well is also a valued benefit that can set a business apart.

Insurers are interested in the value of a service; highly valuable services will have a low cost, be very effective, and have ample evidence to back their use. When deciding whether or not to cover a program like Living Well, health plans will need information about the program that will help them weigh the cost against the potential benefit to members and purchasers. See the Living Well Impact Report¹ for cost/benefit analysis and return on investment information.

How Commercial Plans Can Be a Funding Resource:

Commercial plans can support Living Well programs by directly providing programs to members through disease management services, and covering workshops as a primary benefit. They may also provide financial resources in the form of grants or in-kind support, through donation of space for classes, healthy snacks, marketing and advertising services, or personnel to serve as local or regional program coordinators. They can also actively encourage members and employees to participate in Living Well.

Examples:

- PacificSource Health Plans, a nonprofit community health plan based in Springfield, reimburses members up to \$25 for Living Well workshop fees and promotes workshops through their website. PacificSource also supports the United Way's 100% Access Coalition by underwriting a full-time medical access program nurse, who connects low-income, uninsured people with primary care services and makes referrals to Living Well workshops offered through PeaceHealth Gerontology Institute.
- Group Health, an integrated health care delivery and financing system based in Seattle, reached close to 900 members in 2010 through in-person Living Well workshops and the online Better Choices, Better Health program. Group Health funds the equivalent of two full-time positions within its health information and promotion department that support Living Well. This includes a part-time volunteer supervisor who recruits, trains and supports peer leaders and other staff who coordinate programs and market workshops. Group Health provides stipends to volunteer leaders. Group Health members typically fill

Physician groups can also be financial sustainability partners for Living Well programs. Providence Medical Group, a network of more than 90 primary and specialty care clinics, has begun providing free Living Well workshops to patients throughout the Portland Metro area, with a goal of at least four workshop series per year. A Providence Innovation Grant, which supports new ideas for delivering connected care, funds workshop supplies as well as coordinator and volunteer facilitator stipends. Providence Medical Group will continue to support these workshops throughout grant funds, with the goal of finding permanent funding through the medical group.

¹http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Documents/Living_Well_Program_Impact_Report_Final.pdf



the workshops, so they only open programs to community members as space permits. Staff send invitation letters to patients with specific chronic conditions who have visited a provider within the past three months. Physician and nurse referrals also help to fill workshops.

Who to Talk to and How to Get in the Door:

Most commercial insurance companies have disease management sections that provide specific education and coaching to members with specific chronic conditions, and they may be receptive to a discussion about adding programs as a referral option. Larger plans may also offer wellness activities and have an in-house employee wellness coordinator. Inviting one or more of these coordinators to attend a workshop or information session could get a conversation about Living Well started. The medical director would be another important contact. Depending upon the organization, the utilization management supervisor or the operations manager may be a key decision-maker regarding financial commitments. Use the results of the prospect generator (section 3.2.b) to identify possible connections to people in these or equivalent positions in the organization of interest. If possible, be prepared to share personal success stories of actual plan members (see section 3.2.f for pointers).

Medicaid Managed Care Organizations (MCOs)

Background:

Medicaid—known in Oregon as the Oregon Health Plan (OHP)—is a health plan jointly paid for by federal and Oregon general fund dollars, and administered through the Oregon Health Authority’s Division of Medical Assistance Programs (DMAP). To qualify for OHP coverage, a person must meet specific income criteria; pregnant women, children, families receiving TANF (cash assistance) benefits, people older than 65 who are blind or disabled, and foster and adoptive children are included under OHP Plus by federal requirements. OHP Standard extends coverage to an additional group of otherwise uninsured, low-income adults.²

The Oregon Health Plan is complex, and to partner effectively with its component organizations, it is important to have a basic understanding of terminology and how the system works. OHP emphasizes managed care, a system that coordinates services through one or a network of primary care providers or clinics. The primary care provider makes referrals to specialty providers when necessary, who are paid by the providing managed care organization.³

The majority (80 percent) of OHP members are enrolled in a fully capitated health care plan (FCHP), a type of managed care organization (MCO) that manages members’ physical health and is paid on a per member, per month basis (capitation). OHP MCOs include dental care organizations

²Oregon Health Authority, Office of Health Policy and Research. “Medicaid in Oregon: Defining the Population.” Presentation to Health System Transformation Team, February 16, 2011. <http://www.oregon.gov/OHA/docs/hlth-sys-trans/2011/2011-0216-pk.pdf>

³DMAP Worker Guide. Oregon Health Authority, Division of Medical Assistance Programs, February 2011.



(DCOs—not discussed here) and mental health organizations (MHOs—see section below for details).

Why Medicaid Managed Care Organizations Would Want to Support Living Well:

Because the MCOs that cover OHP members are paid by capitation rather than directly based on the volume of services members may use, MCOs have a built-in incentive to help members stay healthy and use health services as judiciously as possible. MCOs are required to provide disease prevention services to members, and have programs to assist OHP members with the management of specific conditions like diabetes, asthma and heart disease. The plans also provide intensive case management services to those OHP members with exceptional or complex care needs. The actual services provided vary from plan to plan. Some MCOs incorporate Living Well programs into their disease prevention services (see examples below). Others may be encouraged to do so by Living Well delivery partners in the MCO's service area (see sidebar for a list of MCOs by county).

Federally Qualified Health Centers, including community, migrant and homeless health centers, provide comprehensive primary care regardless of a person's ability to pay, along with supportive services that promote access to care. Several Oregon FQHCs currently provide self-management programs to patients. They will become increasingly important financial sustainability partners for Living Well workshops as billing is established for self-management programs through the Oregon Health Plan.

How MCOs Can Be a Funding Resource:

Oregon policymakers recently discussed the possibility of extending OHP coverage to include chronic disease self-management programs as a billable service for members with selected covered health conditions. However, under current federal Medicaid payment requirements related to certain provider types and community clinics (Federally Qualified Health Centers—see the sidebar and the Medicaid Reimbursement Update information sheet in the appendix section for details), inclusion of Living Well is not feasible at this time. It is hoped that the eventual addition of this benefit will allow some Living Well leaders to bill DMAP or managed care plans for providing programs to members with qualifying diagnoses. The availability of this funding source would have positive implications for financial sustainability of self-management programs, and would increase the likelihood of successful partnerships with OHP managed care plans, DMAP and Federally Qualified Health Centers (see sidebars) for delivering programs to members.

In the meantime, MCOs should be encouraged to support Living Well programs as part of their disease prevention activities. They may also be interested in providing self-management programs to their members who are simultaneously eligible for both Medicaid (OHP) and Medicare (the federally administered health insurance program for people 65 and older). These “dual eligibles” include very low-income seniors and younger people with disabilities; although they make up only 14 percent of the Medicaid population, they account for 27 percent of Medicaid spending in



Oregon.⁴ Many dually eligible OHP members may face substantial barriers to attending programs like Living Well due to the significant health challenges they often face. However, managed care plans are highly motivated to assist them in successfully managing their chronic conditions. These members are potentially high-priority candidates for attending self-management workshops, and working with an MCO to find ways to provide dually eligible clients with access to programs could help to forge a new partnership.

Examples:

- MVP Health Authority (formerly Mid-Valley IPA) provides medical benefits to OHP members and people dually eligible for both Medicare and Medicaid in Marion, Polk and Yamhill counties. Since 2008, MVP Health Authority has supported Living Well (known locally as “Living Healthy”) as both a wellness program and as a chronic disease management effort, and recently added Living Healthy with Diabetes (the Stanford Diabetes Self-Management Program). Living Healthy is an integral part of the organization’s quality improvement program, integrated care team (ICT), and model of care. Programs are funded by administrative dollars with the full anticipation that these services will be billable to the plan’s medical benefits in the future.
- OHP members who are not enrolled in managed care are known as “open card” or “fee-for-service” (FFS) members. They have access to care coordination and 24-hour, seven-day-a-week nurse triage and advice services, and some are also eligible for disease or medical case management based on risk. These services are provided through the Oregon Health Plan Care Coordination Program, a supplemental OHP benefit provided by APS Healthcare. By accessing the statewide online program listings, APS refers OHP members to workshops through its website, health coaches and nurse advice line services.

Who to Talk to and How to Get in the Door:

As of the publishing of this document, many MCOs support delivery of Living Well workshops, and the degree of financial assistance they provide varies. Some administer the program using internal staff and offer workshops directly to members, while others refer members to community-based programs and reimburse them for out-of-pocket participation fees.

Managed care organizations need an easy way to connect members to workshops, quantify costs and savings, and track how participation in Living Well improves their quality of life and

OHP Managed Care Organizations by County:
<http://www.oregon.gov/DHS/healthplan/managed-care/plans.shtml>

MCO Contacts:
<http://www.oregon.gov/OHA/healthplan/managed-care/main.shtml>

⁴ Oregon Health Authority, Office of Health Policy and Research. “Medicaid in Oregon: Defining the Population.” Presentation to Health System Transformation Team, February 16, 2011. <http://www.oregon.gov/OHA/docs/hlth-sys-trans/2011/2011-0216-pk.pdf>



medical outcomes. Quality improvement and disease management departments are good places to start a conversation with your local MCO. For a list of contacts, see <http://www.oregon.gov/DHS/healthplan/managed-care/plans.shtml>.

Medicaid Mental Health Organizations (MHOs)

Background:

Although efforts are underway to integrate the delivery of mental (behavioral) and physical health services through OHP under local or regional coordinated care organizations, these services are provided through separate organizations. Mental health services are provided to the majority (93 percent) of the OHP population through mental health managed care organizations. Known as MHOs, they provide diagnosis and treatment of mental health conditions and alcohol and drug addiction. Like physical health managed care plans, MHOs have a financial incentive to help their members stay well and use their benefits appropriately.

More Information About Medicaid Mental Health Organizations:

Oregon Medicaid MHO List

(including regions served):

<http://www.oregon.gov/DHS/mentalhealth/mho/mho-list.shtml>

MHO Contacts

<http://www.oregon.gov/DHS/mentalhealth/mho/contractor-contacts.pdf>

Through OHP mental health and drug/alcohol treatment benefits, Living Well may be delivered by Qualified Mental Health Providers (QMHPs) trained at the master's level, such as licensed clinical social workers or licensed professional counselors, or by qualified mental health associates (QMHAAs) such as bachelor's-level trained alcohol and drug rehabilitation counselors. Living Well programs may also be delivered through OHP mental health services by trained peer wellness coaches.

Why MHOs Would Want to Support Living Well:

MHOs are very interested in helping support their members with serious mental illness, who die an average of 25 years younger than the general population, in large part due to chronic physical health conditions such as heart disease.⁵

MHOs are also interested in improving integration between mental and physical health services, and Living Well is a great example of a program that does this. Living Well is also of potential interest to MHOs because it makes use of peer leaders. Reflecting a growing nationwide trend toward delivery of mental health and substance abuse recovery services by trained peers, peer-delivered services (known in the industry as PDS) were added several years ago to the list of services covered under OHP through MHOs. As of this document's publication, several of the 10 MHOs allow billing by peer coaches (see sidebar on the next page for details).

⁵ National Association of State Mental Health Program Directors Medical Directors Council. *Measurement of Health Status for People with Serious Mental Illnesses*, 2008.



How MHOs Can Be a Funding Resource:

Like MCOs, MHOs can directly support programs by directly delivering programs to members, or by underwriting programs in the community. MHOs can also reimburse for leaders' time leading programs for OHP members with mental health diagnoses via billing and reimbursement. Professional mental health providers (QMHPs or QMHAs) and/or peer wellness specialists may be able to bill for leading programs for OHP members if the MHO has agreed to cover them.

Creating partnerships with those service delivery agencies associated with MHOs that allow billing by trained peers would be especially helpful in establishing financial sustainability for Living Well programs. Training peer specialists who can bill for delivering self-management programs for OHP members living with mental health conditions would not only increase financial sustainability of programs, but would also increase the number of locally available leaders and help to expand access to workshops by people with mental health and substance use disorders.

Examples:

- **Benton County** is using certified peer mental health specialists acting as paid staff to deliver the Living Well Program. Accountable Behavioral Health Alliance (ABHA), the plan that manages the mental health needs of OHP clients in the county, has set aside a pool of funds to incentivize the counties in its service area to begin claiming peer-delivered services. The workshop must be part of an OHP member's treatment plan, known as an Integrated Service Plan (ISSP).
- **Jackson County Mental Health (JCMH)** provides workshops for mental clients led by therapists, case managers and skills trainers. JCMH tracks OHP members who participate and each encounter counts toward their credit for monthly payment from the state. Participants must be referred, the workshop must be a part of the client's Integrated Service Plan (ISSP) and a billing note must accompany each session. At least one of the leaders must be a master's-level mental health professional (QMHP).

Who to Talk to and How to Get in the Door:

Within the MHO itself, people to start the conversation with about self-management could include the quality improvement manager or exceptional needs coordinators. The CEO and operations manager will likely be key decision-makers about financial commitments to support Living Well.

The concept of Peer-Delivered Services (PDS) is well accepted within the realm of alcohol and drug treatment, so it will be important to emphasize in your communication that Living Well workshops are evidence-based, peer-led programs. Peer advocates working in the mental health and addictions fields are well positioned to see the potential for Living Well programs to empower people in recovery, both as leaders and as program participants. The fact that workshops increase self-efficacy among participants and develop facilitation skills among leaders is likely to resonate among advocates.



As of the publishing of this document, the following MHOs use Peer-Delivered Services (PDS) in their system of care. For information about the counties each organization serves, see the sidebar on page 6 above.

- Greater Oregon Behavioral Health
- Jackson Behavioral Health
- Lane County (LaneCare)
- Accountable Behavioral Health Alliance
- Washington County Department of Health & Human Services
- Mid-Valley Behavioral Care Network

MHOs use subcontractors to provide most mental health services, including nontraditional approaches like peer coaching. These agencies, which include county mental health agencies and an assortment of freestanding nonprofits, are also potential partners in self-management workshop delivery. Individual MHO websites are a good source of information about their partner organizations.

Medicare Advantage Plans

Background:

Medicare is the federally administered health insurance program for people 65 and older. Medicare part A provides hospital benefits, part B provides medical benefits, and part D provides prescription drug coverage. Part C, also known as Medicare Advantage (MA), is an optional means for Medicare beneficiaries to receive their services through a private health plan. Members typically pay an additional premium to receive benefits not covered under traditional Medicare, such as dental and vision care.

Contact information for Medicare Advantage Plans
http://www.oregon.gov/DCBS/SHIBA/docs/2011_guide.pdf
(see pages 52-119)

Why Medicare Advantage Plans Would Want to Support Living Well:

Like commercial insurers who accept the risk of covering younger people, Medicare Advantage plans are interested in reducing the likelihood of expensive events occurring within their covered population. They have a vested interest in keeping the seniors they provide coverage for as healthy as possible; given that people older than 65 experience high rates of many chronic health conditions,⁶ Living Well could be a means to significantly increase the health of their members and reduce expensive events like emergency room visits and hospitalizations, as well as reduce the potential need for long-term care services.

⁶Oregon Department of Human Services. *Keeping Oregonians Healthy*, 2007.
<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthor.pdf>



How Medicare Advantage Plans Can Be a Funding Resource:

Medicare Advantage plans can be financial sustainability partners for self-management programs in ways similar to commercial plans and Medicaid managed care organizations. Please see the sections above for specifics for ways they can be encouraged to support Living Well.

Examples:

- Mid-Rogue Independent Physicians Association (MRIPA) serves in Jackson, Josephine and parts of Douglas counties and offers Care Source (a Medicare Advantage product) as well as serving as an OHP managed care organization. Care Source supports Living Well in those counties by offering space for workshops on site, allowing paid staff to train as Living Well Leaders and to lead workshops, encouraging chronic care nurse case managers to refer appropriate members to Living Well workshops, and advertising Living Well in their newsletter.
- MVP Health Authority (formerly Mid-Valley Independent Physicians Association/MVIPA) offers the Marion-Polk Community Health Plan Advantage plan in Marion, Polk and Yamhill counties. As part of their quality improvement efforts in their model of care, the Living Healthy program provided more than 35 workshops to plan members and the community in 2010. Currently the program is funded by administrative dollars with the full anticipation that these services will be billable to OHP and Medicare in the future. Living Healthy is also a benefit covered under MVP Health Authority's Physicians Choice Medicare Advantage PPO plan.

Who to Talk to and How to Get in the Door:

Good initial contacts at a Medicare Advantage plan will be similar to those listed in the sections above (disease management or wellness coordinator, quality assurance, medical director, operations manager). Make sure to fine-tune your talking points and issue brief with information about the impact of chronic disease on older Americans; see the chronic disease fact sheet from the National Council on Aging⁷ and the Healthy Aging in Oregon Counties⁸ report for ideas.

⁷ <http://www.ncoa.org/press-room/fact-sheets/chronic-disease.html>

⁸ <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/healthyaginginoregoncounties.aspx>



Issue Brief: Living Well and Insurers

Chronic disease is putting our health care system under enormous pressure. Each year in Oregon, diseases such as cancer, heart disease, lung disease, diabetes and arthritis claim the lives of more than 19,000 Oregonians and result in \$1.4 billion in hospitalization costs.

Although members with chronic conditions may know *what* they need to do to manage their disease, they often don't know *how*. It is critical to help Oregonians with existing chronic conditions live successfully and help them use the health care system as efficiently as possible.

The Living Well with Chronic Conditions Program

Oregonians are learning how to manage their chronic health conditions by participating in the **Living Well with Chronic Conditions** program and its Spanish language/cultural version, *Tomando Control de su Salud*. Living Well is delivered in a series of six weekly 2-1/2 hour workshops led by trained community members, many of whom have chronic conditions themselves.

Living Well is a proven program developed at Stanford University. The workshops teach people with chronic diseases to make healthy lifestyle choices and lessen the impact of their symptoms and of the disease itself. Participants have less pain and more energy. They are more able to live the lives they want, and gain the ability and confidence to care for their condition. Participants learn how to properly use medications, communicate effectively with health care providers, and evaluate new treatments.

Living Well improves quality of life by reducing fatigue and increasing physical activity, emotional and physical well-being and ability to function in social settings. After completing Living Well workshops, patients are healthier and better equipped to avoid unnecessary hospital readmissions.

Living Well and Insurers

As the number of Oregonians living with chronic conditions continues to grow, Living Well helps shift a portion of the health care burden off the delivery system while empowering and activating members. The average cost for someone to attend the six-week program is \$375. Compare this to the thousands of dollars for an avoidable acute event.

An Oregon State University study of 4,000 program participants in Oregon found that they avoided an estimated 557 emergency department visits, 557 hospitalizations and 2,783 hospital days, yielding an anticipated health care savings of more than \$6.5 million.⁹ Although insurers may use different means of calculating their exact savings, the return on investment in the program is clearly significant.

⁹Bovbjerg V and Kingston SJ. *Living Well Impact Report*, 2010.

http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Documents/Living_Well_Program_Impact_Report_Final.pdf

Appendix C (4)



Insurers can help make it possible for members with chronic health conditions to live successfully, for communities to embrace health and disease prevention, and to reduce the demand on our health care system:

- Help support delivery of programs in local communities by sponsoring workshops, assisting with workshop coordination, hosting leader training, referring patients, recruiting volunteers to provide workshops, and helping to publicize programs. Provide space and healthy snacks for classes, and consider underwriting scholarships for people with financial need.
- Consider making Living Well a standard part of your company's disease management offerings, and covering workshops as a primary benefit.
- Actively encourage members and employees to participate in Living Well through outreach and incentives.



Talking Points for Insurers

These talking points are for use by Living Well programs when approaching funders. They are not to be handed out. Instead, leave behind the “issue brief” handout. Please remember, when you use these talking points, be sure to listen as much as you talk. The goal is to understand your prospect’s perception of the program, and what they would need to support it.

- Acknowledgment:
 - Thank them for any current or prior engagement in or support/funding for the Living Well program and for the opportunity to talk with them now.
- The problem:
 - In 2005, diseases such as cancer, heart disease, lung disease, diabetes and arthritis claimed the lives of 19,219 Oregonians and resulted in \$1.4 billion in hospitalization costs.
 - Nationally, the 27 percent of people with multiple chronic conditions account for 66 percent of health care spending.¹⁰
 - Nationally, 80 percent of older adults have at least one chronic condition, and 50 percent have at least two.¹¹ *(Note: use this talking point only for Medicare Advantage plans or plans that cover those dually eligible for Medicare/Medicaid.)*
- The solution:
 - Members with chronic conditions who can actively manage their diseases themselves use their benefits more judiciously, which means lower health care costs due to reduced emergency room visits and avoidable hospitalizations.
- The program:
 - Living Well with Chronic Conditions is a six-week workshop that provides tools for living a healthy life with chronic health conditions, including diabetes, arthritis, asthma and heart disease.
 - Living Well workshops teach people with chronic diseases to take the best care possible and, in many cases, lessen the impact of their symptoms or of the disease itself. Participants learn to deal with physical and emotional issues, gain tips on properly using medications and communicating with health care providers, and form relationships and a support system across the community.
 - Their entire family often benefits, too, as participants bring home new ideas for living well and integrate healthy behaviors into their routine, further reducing health care costs.
 - Dozens of organizations offer Living Well workshops around the state, and more than 5,600 Oregonians have participated in the program so far. Workshops are available in 27 counties, *including X*, and an online version is being piloted.

¹⁰ US Department of Health and Human Services. Multiple Chronic Conditions—A Strategic Framework, 2010. http://www.hhs.gov/ash/initiatives/mcc/mcc_framework.pdf

¹¹ <http://www.cdc.gov/chronicdisease/resources/publications/AAG/aging.htm>



- The impact:
 - Living Well improves the quality of life of participants by helping reduce fatigue and increase their physical activity, emotional and physical well-being, ability to function in social settings, and communication with their doctors, according to research conducted by Stanford University and replicated in several other studies.
 - An Oregon State University study of 4,000 program participants in Oregon found that they avoided an estimated 557 emergency department visits, 557 hospitalizations and 2,783 hospital days, yielding an anticipated health care savings of more than \$6.5 million.¹²
- Why it matters to **insurers**:
 - Living Well helps shift a portion of the health care burden off the delivery system while empowering and activating members. Participants are likely to use their benefits more judiciously.
 - As the number of Oregonians living with chronic conditions continues to grow, Living Well can support the critical transition from hospital to home, helping prevent unnecessary re-hospitalizations.
 - The average cost for someone to attend the six-week program is \$375. Compare this to the thousands of dollars for an avoidable acute event. Although insurers may use different means of calculating their exact savings, the return on investment in the program is clearly significant.
 - Living Well is a valued benefit that can set your business apart.
- What insurers can do:
 - Help support delivery of programs in local communities by sponsoring workshops, assisting with workshop coordination, hosting leader training, referring patients, recruiting volunteers to provide workshops, and helping to publicize programs. Provide space and healthy snacks for classes, and consider underwriting scholarships for people with financial need.
 - Consider making Living Well a standard part of your company's disease management offerings, and covering workshops as a primary benefit.
 - Actively encourage members and employees to participate in Living Well through outreach and incentives.

¹²Bovbjerg V and Kingston SJ. *Living Well Impact Report*, 2010.

<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Documents/Living%20Well%20Program%20Impact%20Report%20Final.pdf>