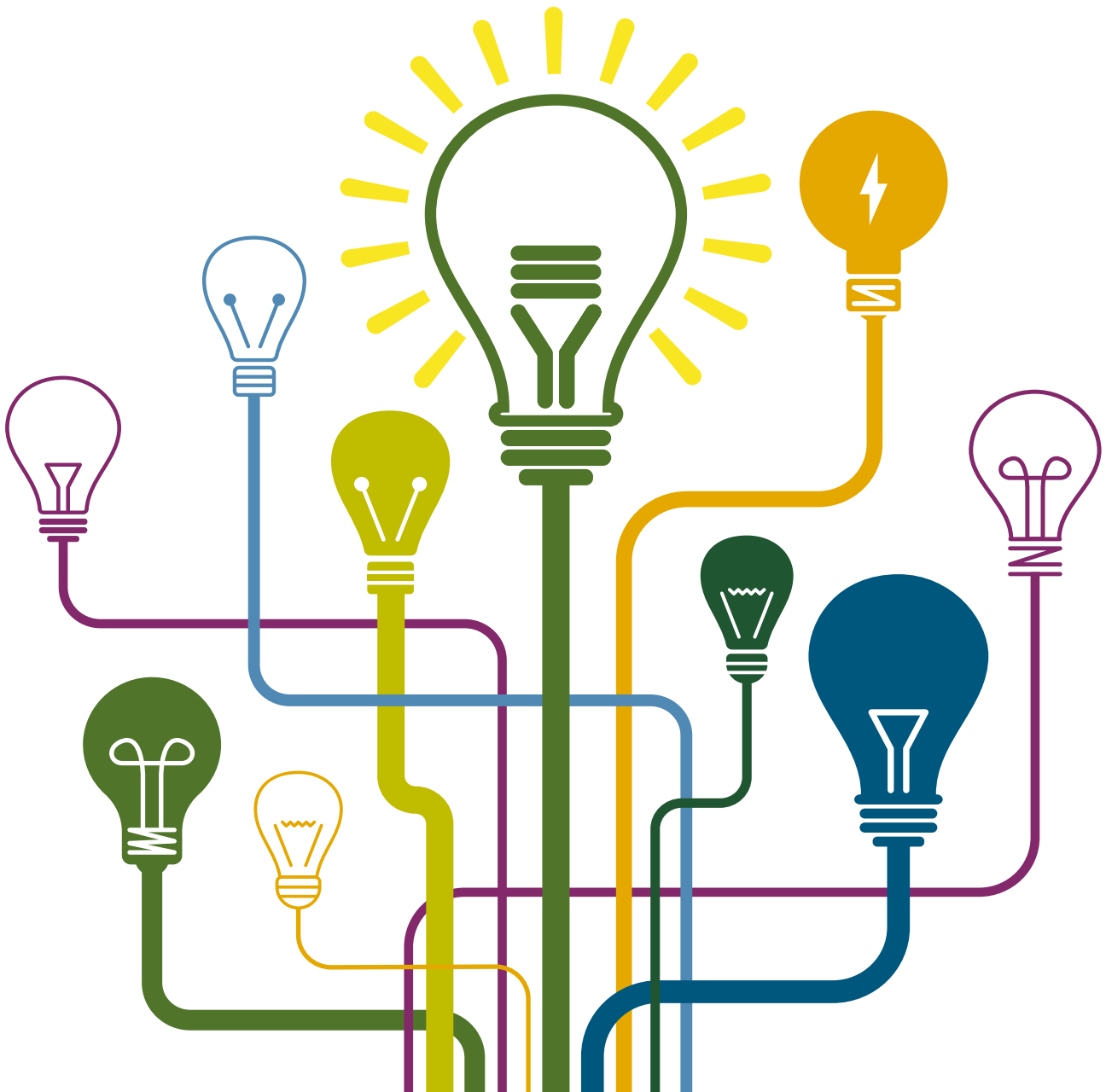


Best practices for a successful wellness screening program

Identify risk. Increase engagement. Incite change.



Identifying health risks in your employee population



People at risk for chronic diseases are walking the halls of your company. Left unidentified and untreated, these critical health problems can pose a very real threat to these employees and your bottom line. One simple, life-saving choice can direct your organization down the path to healthier employees and a healthier business.

Biometric wellness screenings provide data and insights that can motivate individuals to reduce their otherwise unknown risk factors. Screenings also provide valuable data about your population that can be used to identify key population health trends that have a significant impact on the healthcare spend within your organization. At the end of every Quest Diagnostics screening program, clients are provided with population-level aggregate reporting.* This report provides rich insights about your participant population that create a foundation to guide planning efforts and decisions around benefits design and wellness initiatives. For multi-year programs, cohort reporting is also available to track changes in the health of your population.



Only Quest Diagnostics Health & Wellness can deliver national access to biometric screenings, multiple screening methods and panels, actionable reports that are easy for employees to understand, and reward programs that can accelerate employee health improvement. When you offer biometric screenings from Quest to your employees, you're making a choice that can save lives, and help your bottom line.

Building a successful wellness screening program



When designing your wellness screening program there are a variety of factors to consider. All of the choices you make impact your plan to achieve healthier employee outcomes and a healthier business. As a leader in biometric screening with over 3 million participants screened every year, Quest

Diagnostics Health & Wellness has the experience to provide insight around common questions when it comes to selecting a screening modality, test panel, and outcomes-based incentives. By answering the questions that follow, you can build the program that makes the most sense for your organization.

Venipuncture or fingerstick? Which one is right for your program?



Instead of simply looking at the differences between venipuncture and fingerstick screenings, the better question is, “What is your goal or desired outcome?” The most important thing to remember is that while offering screenings to your employees is better than not offering them, your company is making an investment to implement a screening program. Make choices that will give your company the insights it needs to better design your benefits plans and also increase the impact on employees in the area of making healthy changes to improve outcomes.



Through the HealthyQuest program in 2016, we witnessed the power of a venipuncture screening firsthand with a new employee participant in the Quest Diagnostics Health & Wellness program.



Grace Hanne

She had completed four years of fingerstick screenings through previous employers and her heart and diabetes results were primarily normal in years past. The HealthyQuest program uses venipuncture testing that includes more than the standard panel used with fingerstick screenings. After receiving her results, she was contacted via phone by PWNHealth to alert her to seek care immediately.

She had 13 out-of-range results, 1 of which was life-threatening. After searching for the cause of her abnormal results, they located a mass in her cervix that thankfully was benign. Grace stated that her doctor said her abnormal results would not have been found using “regular tests” the office would have run at any well visit.

In Grace’s words, “The only reason I was alerted that I had an issue was because I now worked for an employer who used venipuncture testing with a comprehensive panel. The PWNHealth employee was shocked that I hadn’t yet visited the ER due to a total collapse, or even worse, a catastrophic accident. They asked me how I was still making it through the day. All along I just thought I was tired because I am on the go with two young children. Had I still been with a company using fingerstick screening, I might still be in the dark to what was really going on inside my body.”

When the goal goes beyond simply offering a basic screening program to participants, we recommend using a venipuncture testing panel, and here's why:

- **Venipuncture supports a broader test menu than the standard heart and diabetes panel available for fingerstick, and it is possible that the additional measures may lead to a diagnosis that would have been missed with a fingerstick screening.**



- With venipuncture, you can include additional tests which support a more accurate depiction of your entire population, such as Hemoglobin A1c (HbA1c), cotinine, hsCRP, thyroid-stimulating hormone (TSH), prostate-specific antigen (PSA), comprehensive metabolic panel (kidney and liver), and Complete Blood Count (CBC).
- If you choose a fasting venipuncture panel, and a participant's triglycerides are greater than 400, a reflex-direct LDL cholesterol is automatically performed to provide an LDL result, whereas with this same scenario for a fingerstick screening there is no option for reflex-direct LDL.
- Venipuncture testing is considered “diagnostic” in comparison with fingerstick “screenings” because venipuncture testing is performed with laboratory instrumentation, offering diagnostic levels of precision and accuracy across the spectrum of clinically relevant ranges, capturing both very high and very low results.
- Physicians recognize and accept laboratory-based results that participants receive with venipuncture testing to help them diagnose and treat patients.
- When you use the 2,200 nationwide Quest Diagnostics Patient Service Centers (PSCs) as a remote screening option for your employee population, their experience will match the experience of an onsite event.





Fasting or non-fasting? Which is the best option for us?

At Quest Diagnostics Health & Wellness, we always recommend the use of a fasting panel over a non-fasting panel due to the ability to test more health measures and report on Metabolic Syndrome status.

Even so, we recognize that, for many reasons, a non-fasting panel may be a must-have for your organization. Non-fasting panels provide the convenience you may need to accommodate testing of employees that work various shifts. And we also recognize that, in some industries, it may not be wise to have employees operating certain machinery or handling hazardous materials on an empty stomach.



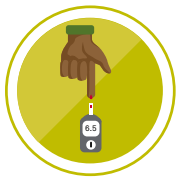
Due to these concerns, when a non-fasting panel must be selected, we recommend using the venipuncture collection method, and here's why:

A non-fasting fingerstick panel is weak in its evaluation of diabetes risk. Glucose is an analyte that is highly impacted by the food you eat and can vary greatly because of this; glucose testing in a non-fasting screening program adds minimal value for the identification of risk of diabetes, one of employers' most costly diseases.

Today, there are no FDA-approved or CLIA-waived fingerstick devices. For those that are not fasting, the ideal test for screening is HbA1c, which cannot be tested on fingerstick devices.

If after reading this you decide that you must still offer a non-fasting fingerstick screening, you may want to consider adding the Qcard™ option at your onsite fingerstick events to test HbA1c. Even though the specimen for Qcard is collected via fingerstick at the onsite event, it is sent to the lab for processing and, therefore, an HbA1c result can be provided in this scenario.

Why would I add HbA1c to the panel?



In the United States, 86 million people have prediabetes, which puts them at high risk for developing type 2 diabetes. People with prediabetes have blood glucose (sugar) levels that are higher than normal, but not high enough to be considered type 2 diabetes. An astonishing 90% of those with prediabetes are unaware they have the condition.

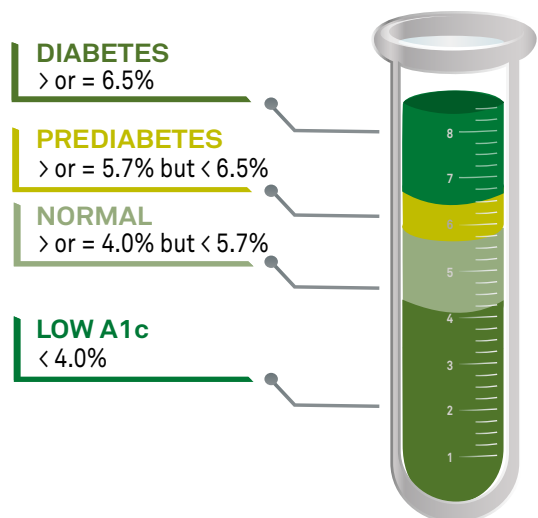
When your panel includes either a fasting glucose or non-fasting glucose measure, it's easy to think this covers the full assessment of risk for prediabetes or type 2 diabetes in your participant population, but this isn't always the case.

When evaluating any measure, healthcare related or not, data is helpful, but data that crosses a longer period of time can provide a better indicator for directing a long-term course of action.

Likewise, in adding HbA1c to your test panel, you receive a more accurate view of population blood glucose levels over a 2- to 3-month period versus fasting or non-fasting glucose levels, which tell more of the immediate story. Due to this long-term view, you have better insight into possible complications that can arise within the population in the future and can better guide your organization to tackle prediabetes and type 2 diabetes.

Hemoglobin A1c

A test that measures your blood sugar (glucose) over a 2-3 month time span. Fasting is not necessary to receive a meaningful A1c result.



Please note: Reference ranges are from the Quest Diagnostics Laboratory System and reflect what is used in Quest Diagnostics Health & Wellness reporting.



When your organization's goals involve more of a long-term planning approach, HbA1c is a smart test to add to acquire more information to help guide benefits design, appropriate participant interventions, and PCP interaction.

If we ask participants to provide smoking status, why would we add cotinine to the panel?



Many employers provide incentives to employees who do not use tobacco, and the primary driver for incentive qualification is a self-reported tobacco status.

While we'd all like to think our employees are honest in every situation, when it comes to monetary incentives toward healthcare premiums and costs, there's always a chance that some may be attesting they are tobacco-free, when in all actuality, they are not.

To protect the integrity of their programs, employers are increasingly turning to cotinine testing to identify participants who use tobacco. Cotinine is a metabolite of nicotine, and nicotine from one cigarette lingers in the blood for 24 hours and for up to 2 to 3 days among frequent cigarette smokers.

In 2014, 47,824 screening participants were asked about their tobacco use in a health questionnaire, and then tested for blood cotinine. Nearly 1 in 10 tested positive for cotinine. Of the 4,636 who tested positive, 953 participants, or 20.6%, had attested to being non-users of tobacco on the health questionnaire (answered either "non-user" or "past user").

If you're offering an incentive for non-user status when it comes to tobacco, cotinine testing can help ensure those incentive dollars are being applied to the appropriate individuals.



Should I incentivize my employees for participating or for meeting certain health goals?



At Quest Diagnostics Health & Wellness, we have experience with various employer wellness incentives. In our experience, the best wellness program incentives are those that are communicated with precision to employees, and those that gradually increase in participant engagement.

If your organization has never provided an incentive for any element of screening, the best way to begin is to start slow, with a participation incentive. Simply incenting your population to complete their screenings provides a bigger and better picture of your population's health in post-program reporting, allowing you to make informed decisions about future benefit offerings. Then, within a few years of incenting for participation, it is an easier transition for participants when incentives are added for achieving select outcomes (Outcome-Based Rewards).

When deciding what type of incentive to offer, it's essential to balance your participation goals with what you are able to offer within your budget. With these simple incentive offerings, we generally see 15-20% participation in the program depending on the appeal of the incentive. Groups that offer premium reductions as an incentive see the most participation (over 30%).

The higher the participation percentage, the more meaningful your aggregate data is, and you receive a more accurate depiction of the health of your population. If it is within your wellness budget, we always recommend offering premium reductions (or an equivalent) as an incentive so you receive more meaningful post-program data, allowing you to make more informed decisions about the future of your benefit offerings.

The most important aspect of incentives and of all biometric screening programs lies in the communications you send to participants about the details of your program. In the age of a constant stream of messages flooding your participant population from all angles, getting them to listen and respond to your messaging will help yield the engagement and participation you're seeking.

Be sure to ask your Quest Diagnostics Account Manager or Client Engagement Specialist about our communications, which focus on helping you communicate with your population about screening and achieving a healthier lifestyle.

*Restrictions based on total number of participants.