

## **Optimizing Enrollment in Employer Health Programs: a Comparison of Enrollment Strategies in the Diabetes Health Plan**

Health and wellness programs are quickly becoming commonplace in the workplace, particularly among companies with a very large workforce. These programs can range in intensity from small nutrition education seminars to one-on-one health coaching or personal training. Although wellness programs can provide tremendous health benefits and are often free or offered at a discounted price to employees, enrollment remains low. One possible method of increasing enrollment, the first step in increasing participation is by using an automatic enrollment approach with an opt-out option.

The Diabetes Health Plan (DHP), a diabetes-specific health insurance plan offered by a subset of employers who offer UnitedHealthcare insurance products, presented a unique opportunity to compare an automatic enrollment and a voluntary enrollment approach. As with other wellness programs, employers buy this product as an option for their employees with diabetes. The program offers financial incentives in the form of reduced copayments for medications and physician visits to increase participation in diabetes-specific preventive care. Patients can remain in the program and maintain these financial benefits if they complete a predetermined set of criteria, which include physician visits and lab tests.

During the early stages of offering the DHP, companies and insurance providers advertised the program and encouraged eligible participants to enroll, but enrollment rates remained low. Companies offering the DHP in later months transitioned to an automatic enrollment approach. Employees who were seen as eligible based on their lab results and claims were notified that they would be automatically enrolled into the program unless they informed UnitedHealthcare that they wanted to opt out.

Overall, 91% of eligible members were enrolled under the automatic enrollment strategy, whereas only 35% enrolled under voluntary enrollment. Higher-income people were more likely to enroll under voluntary enrollment, but enrollment rates did not vary by income level among automatic enrollment groups. Notably, all demographic groups had higher DHP enrollment rates under the automatic enrollment strategy.

Comparing these two groups provides strong evidence that an automatic enrollment approach for wellness programs can greatly increase enrollment. Although it is yet to be seen how these approaches will affect overall compliance in the program, this step eliminates many barriers to entry, such as the time it takes to enroll, missing enrollment deadlines, or simply being unaware of eligibility. Making enrollment a default option is likely to increase enrollment, which is the first step in increasing participation in proven wellness programs.

[Read the entire article:](#) Lindsay B. Kimbro, Jinnan Li, Norman Turk, Susan L. Ettner, Tannaz Moin, Carol M. Mangione, O. Kenrik Duru, "Optimizing enrollment in employer health programs: a comparison of enrollment strategies in the Diabetes Health Plan." *Am J Manag Care*. 2014;20(8):e311-9.