

PEIA's Go365 Program: WVU Faculty Concerns

On Thursday 11 January 2018, an email was sent to PEIA Plan Policyholders announcing a “new wellness and rewards program” called Go365 (http://peia.wv.gov/wellness_tools/Pages/Go365.aspx). Go365 is essentially a gamification program in which user's health and wellness activities are tracked and assigned point values, which “convert into Go365 bucks that may be spent on items, such as gift cards, movie tickets, fitness tracking devices and more.” That same email also noted that “policyholders will need to accumulate a minimum of 3,000 points to avoid paying a \$25 monthly premium increase and \$500 additional deductible for Plan Year 2020.”

While there are no specific objections to such a program as a voluntary incentive program for those individuals with the ability, access, and interest in participating, many members of the WVU Faculty — as represented through their various Faculty Senators — have several and severe concerns about both the program and the manner in which it was announced and implemented. Among those concerns include:

- ❑ **Mandate.** The imposition of an \$800 financial penalty for individuals who do not accumulate enough points in the Go365 program serves as a *de facto* requirement that all policyholders participate in the program. That is, employees are effectively forced into participation. This is counter-productive, as the success of gamification programs such as Go365 are undermined by extrinsic motivation (see for example McCallum, 2012, “Gamification and serious games for personalized health”; Johnson et al., 2016, “Gamification for health and wellbeing: A systematic review of the literature”). Some (Moller et al, 2012) also find that financial motivations are ineffective with respect to diet and activity interventions (Moller et al., 2012, “Financial motivation undermines maintenance in an intensive diet and activity intervention.”)
- ❑ **Access.** Given that the Go365 program is web-based, this requires all policyholders to have stable access to an Internet connection. Moreover, given that Go365 also contains a mobile component, the program privileges those policyholders with smartphone devices and data plans capable of accessing the program. According to 2015 US Census, West Virginia ranks in the lowest-tier for broadband subscripsts (69.8%, or ranked 45th overall; Ryan & Lewis, 2015, “American Community Survey Reports, ACS-37”).

- ❑ **Disability and limited mobility.** Many of the healthy lifestyle activities suggested by the Go365 program are not feasible for policyholders, and no clear alternatives are provided within the offerings of the Go365 “point-earning” activities. As marketed, the program seems to focus on able-bodied policyholders.
- ❑ **Additional expenses.** Beyond the expenses associated with Internet access (both web-based or mobile-based), many of the core “point-earning” activities require various financial considerations on the policyholder, such as (but not limited to): purchasing a personal activity tracker, joining a participating gym or fitness center, or engaging in many of the other “point-earning” activities in Go365.
- ❑ **Ineligible fitness activities.** The program assumes that policyholders’ fitness routines are of the type that are recognized in the Go365 “point-earning” system. For example, an employee who walks to and from their office daily would not receive credit for those walks unless they agreed to purchase a personal fitness device; suggestions from Go365 representatives to instead “download free apps” to track this activity are short-sighted as they (a) assume smartphone access and (b) ignore the fact that many such “free” apps are really vehicles for advertising and marketing data (Joeckel et al., 2016, “The reliance on recognition and majority vote heuristics over privacy concerns when selecting smartphone apps among German and US consumers”).
- ❑ **Data quality.** Consumer-grade personal activity trackers such as those compatible with Go365 are not robust measurements for many of the activities being tracked in Go365, including activity and calorie burn (see Sasaki et al., 2015, “Validation of the Fitbit wireless activity tracker for prediction of energy expenditure”) and sleep (Montgomery-Downs et al., 2012, “Movement toward a novel activity monitoring device); devices also vary widely with respect to their accuracy (Kooiman et al., 2015, “Reliability and validity of ten consumer activity trackers”).
- ❑ **Glitches.** Several policyholders who have tried using the Go365 system have already reported a number of glitches, most specifically related to the mobile app.
- ❑ **Privacy.** By far, the most commonly-expressed concern among faculty policyholders has been the plans that Go365 and/or PEIA has for the data being tracked through the Go365 platform. Go365’s privacy statement (<https://www.go365.com/internet-privacy-statement/>) is predicated on the fact that users are volunteering their information to the service, as stated “Users of this website have the option to provide certain personal information.” In the privacy practices (<https://www.go365.com/privacy->

- [practices](#)) there is no specific discussion of the HIPAA implications of using Go365, and there is no transparent discussion with respect to the relationship between Go365 and PEIA with respect to the current and future use of this data. Most every concerned policyholder expressed the same general concern about data being tracked today impacting insurance coverage and premiums in the future.
- ❑ **Program contradictions.** In the Go365 “mall” where earned points are able to be redeemed for various prizes, a number of those prizes are anathema to healthy lifestyles, such as movie tickets (advertised with buttery popcorn and soda) and other sedentary activities. Such inconsistency speaks poorly to the program’s health goals, given that a central tenet of successful health campaigns is that they be internally consistent (Rice & Atkin, 2012, “Public Communication Campaigns”).
 - ❑ **Relative advantage.** In 2017, PEIA instituted a lipid panel test that was required in order to avoid a \$500 penalty payment. In a sense, this test is included in the Go365 program as “biometric screening” (although the “point value” for this test fluctuates between 2000 and 4000 points, for reasons that are not clear). It is not clear why Go365 is being implemented only one year after the lipid panel requirement was instituted, or why individuals cannot simply renew their lipid panel test without being involved with Go365 (that is, keeping health communications between their physician and PEIA, rather than a requirement to include Go365 into these communications).

Finally, among the dozens of informal communications (email, social media, and in face-to-face interaction), a number of individuals have asked to go on the record as officially opposed to the Go365 program’s mandates — more names continue to come in via email, and can be provided on request. These names represent a growing group of faculty and staff that are “enraged, appalled, infuriated, and resentful” towards the program changes, and have expressed (in their words) “deep fury over this exploitative, bureaucratic, and ineffective approach to health insurance/healthcare.”

As a group, we respectfully request that the above grievances be heard and specifically addressed and ideally, clarification and reconsideration of proposed Go365 program *de facto* participation mandate. We are also happy to provide experts from the WVU community to speak specifically to the points above, on request.