

Population Health Management & Productivity : The Robin Hood Approach™

“Reinvesting savings from reducing the cost of care for the chronically ill into prevention and lifestyle change programs that will yield returns in health and performance gains”

April 8th 12:30 -- **Ray Fabius, MD**

Today's Agenda

- What is Population Health Management?
- What are key tenants to successful application of Population Health Management?
- How can Population Health Management Impact Productivity?
- Paying for Population Health Management in a zero sum game: The Robin Hood Approach™

15% members = 85% cost

Well	At Risk	Acute Illness/ Discretionary Care	Chronic Illness	Catastrophic
No Disease	(Obesity High Cholesterol)	(Doctor Visits Emergency Visits)	(Diabetes Coronary Heart Disease)	(Head Injury Cancer)
Primary Prevention	-Health Risk Assessment	- Nurse Advice Line	-Disease Management	-Case Management
-Screening	-Targeted Risk Reduction Programs	- Web tools	-Incentive Design	--Decision Support
Health Education	-- Risk Modeling	-- Consumer Directed Health Plan	-Self Management Training (Health Coaching)	-- Predictive Modeling
- Incentives	- Incentives			
- Competitions	- Competitions			
- Ergonomics	- Ergonomics			

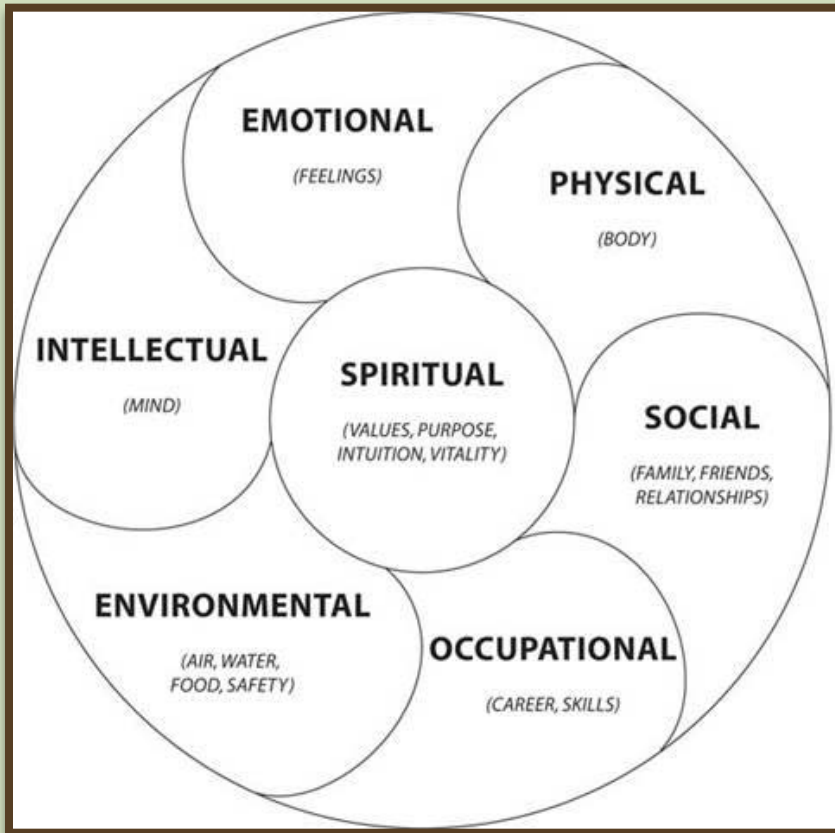
85% members = 15% cost

Population Health Management

Application Tools

Healthy (Unknown)	At Risk	Acute / Episodic	Chronically Ill	Catastrophic
<ul style="list-style-type: none"> • HRA/ Biometric Testing and Administration • Lunch and Learns • Immunizations • Screenings 	<ul style="list-style-type: none"> • Health Coaching • Patient Education • Program Management • Health Advocacy 	<ul style="list-style-type: none"> • Scheduled/ Walk-in Visits • Emergency Responses • Referral Management • Pharmacy Care Management 	<ul style="list-style-type: none"> • On-Site Disease Management • Integrated DM • Health Coaching • Patient Education • Referral Management • Pharmacy Care Management 	<ul style="list-style-type: none"> • Emergency Response • Case Management • Pharmacy Care Management • Rehabilitation Management
Face to Face with Trusted Clinicians				
Telephonic Coaching & Care Management				
Provider / Member Portal Content & Tools				

Population Health Management Approach



- **Social**
- **Physical**
- **Emotional**
- **Career**
- **Intellectual**
- **Environmental**
- **Spiritual**



Source: <http://www.undstudenthealth.com>

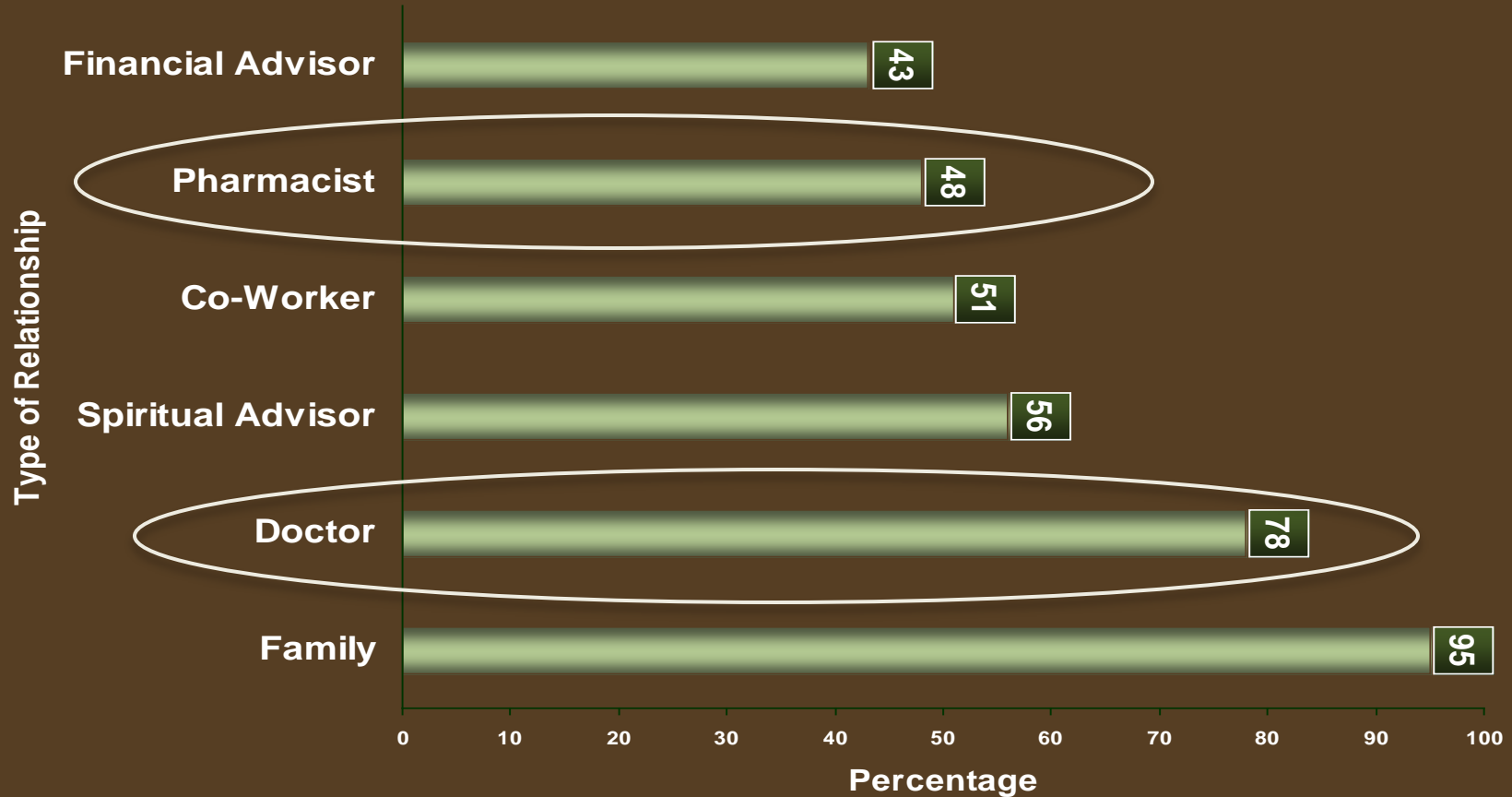
Swenson, John A., M.D.

Seven Dimensions of Wellness

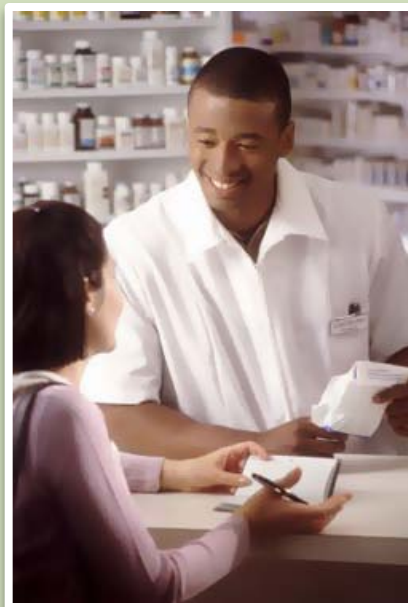
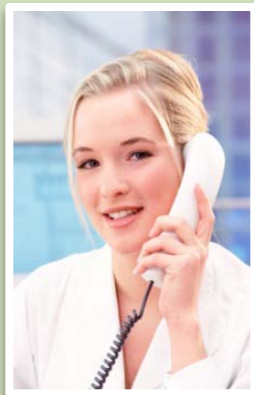
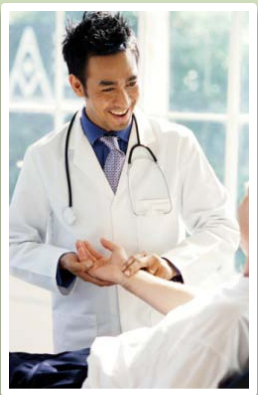
- The Power of the Trusted Clinician
- The Value and Influence of a Culture of Health
- Producing Lasting Behavior Change
- Enhancing Outcomes through Integration
- Improving Population Health Status

The 5 Secrets of Population Health Management

Rating of Relationships



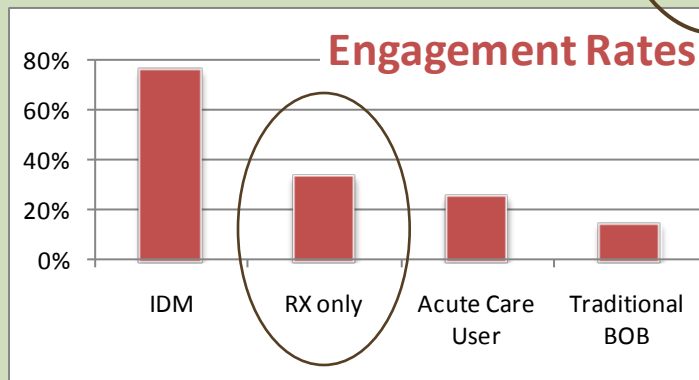
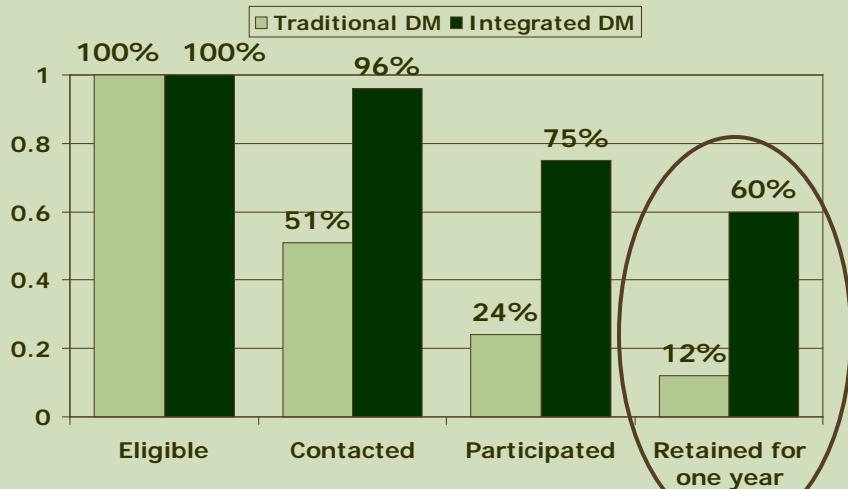
Source: Magee, J., *Relationship Based health Care in the United States, United Kingdom, Canada, Germany, South Africa and Japan. 2003*



The Secret Ingredient

The Trusted Clinician

The Doctor or Nurse or Pharmacist who works in your neighborhood or goes to work with you



- Peer – reviewed publication
- DMAA best article of 2007
- Improved engagement & retention rates with integrated program

- Engagement rate related to depth of relationship
- Proven research influencing the marketplace
- Retention rate article will be in October issue of JPHM

The Power of The Trusted Clinician

Higher rates of engagement & retention

How do Trusted Clinicians generate value?

Behavior Change

Improve lifestyle

Increase compliance



Primary

- Lifestyle Change
- Immunizations
- Seat Belts

Secondary

- Compliance with guidelines
- Screenings
 - Cancer
 - Blood pressure
 - Cholesterol

Tertiary

- Compliance with Care
- Disease Management



The Trusted Clinician's Focus: 3 Levels of Wellness

How Does Population Health Management Effect Productivity?

- Health care – self-insured
- Workers Compensation
- Disability
- Absence
- Presenteeism
- Poor performance

How can you create a Culture of Health inside your company?

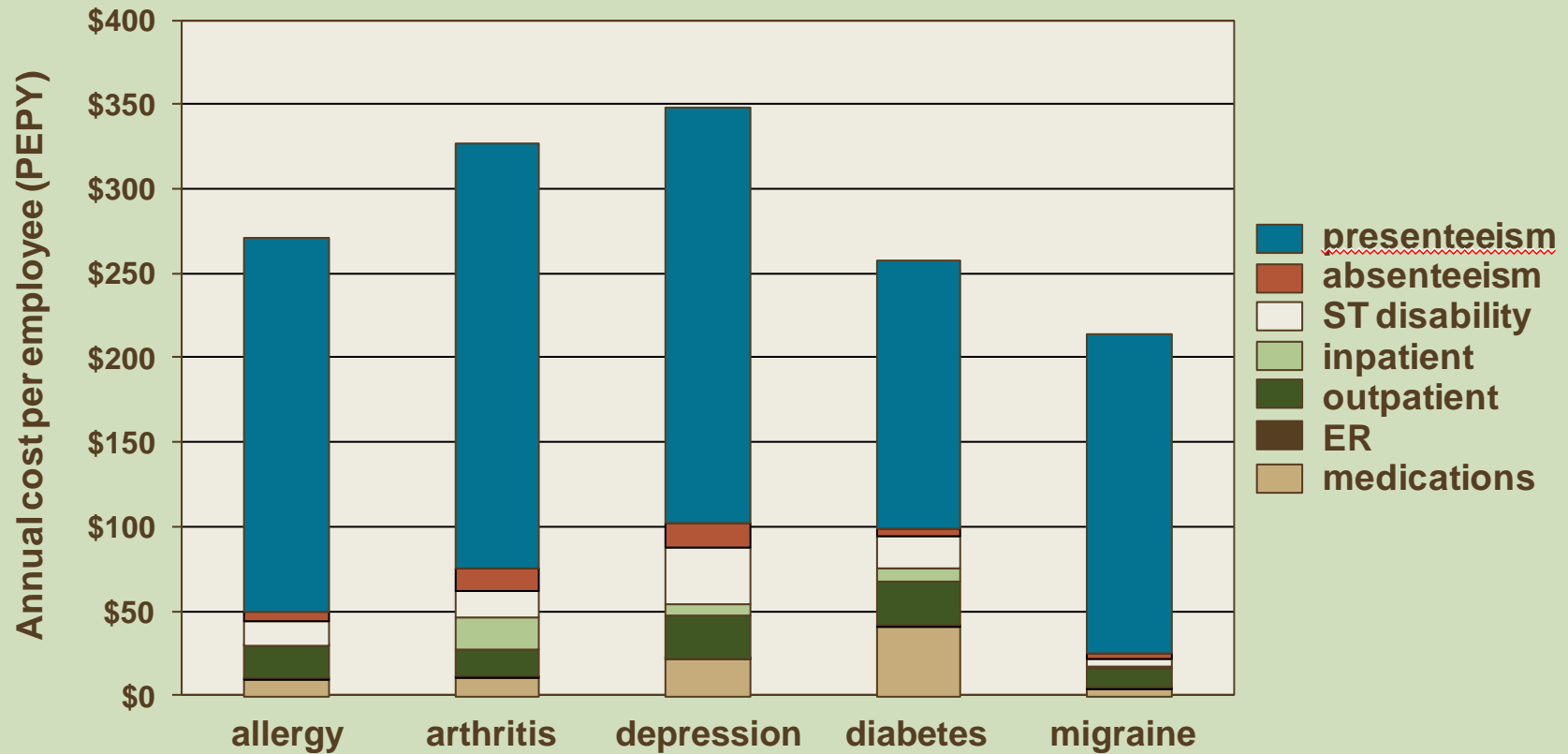
- Infrastructure
- Data
- Programs
- Assessment
- Integration
- Reproducibility

How can you create a Culture of Health inside your company?

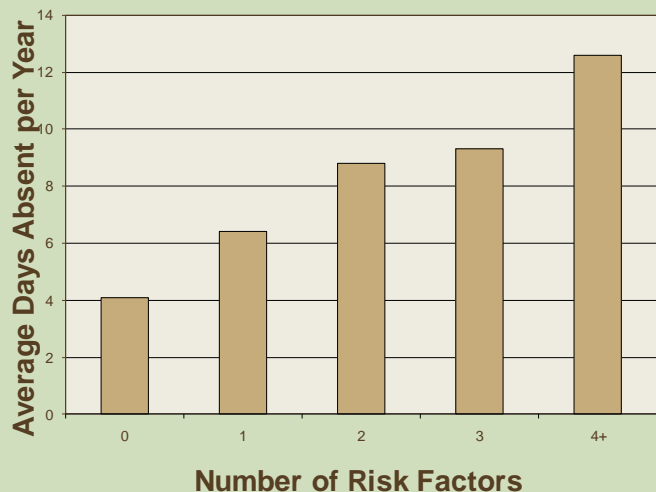
- Champions
- Rack & Stack
- An environment of health
- Fitness
- Risk Assessment
- Risk Reduction
- Disease Management
- Proof of Concept
- Mainstream success

The Total Cost of Illness

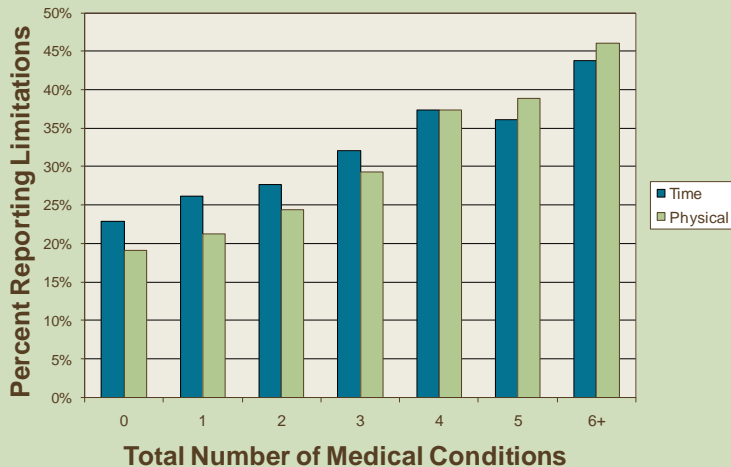
Goetzel, et al. JOEM 2004



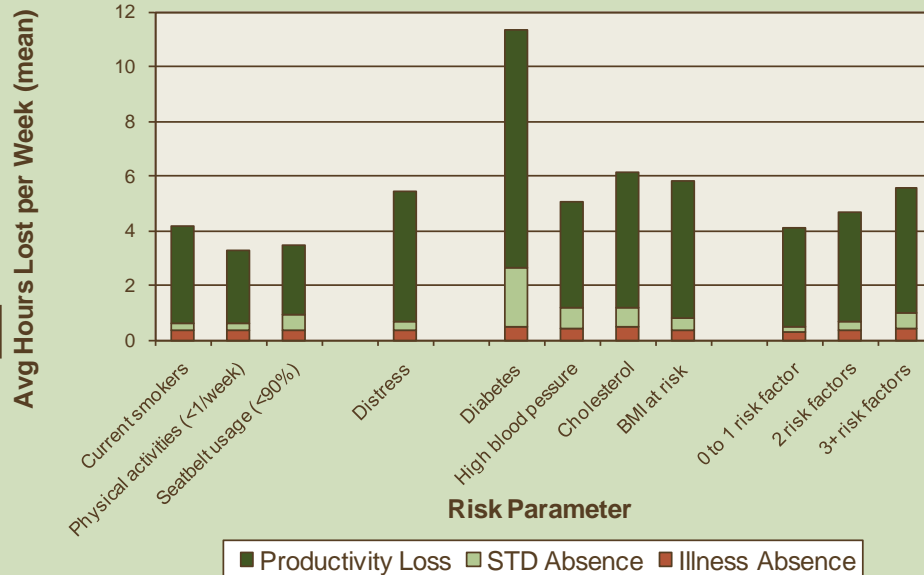
The More Health Risks the Greater the Absence



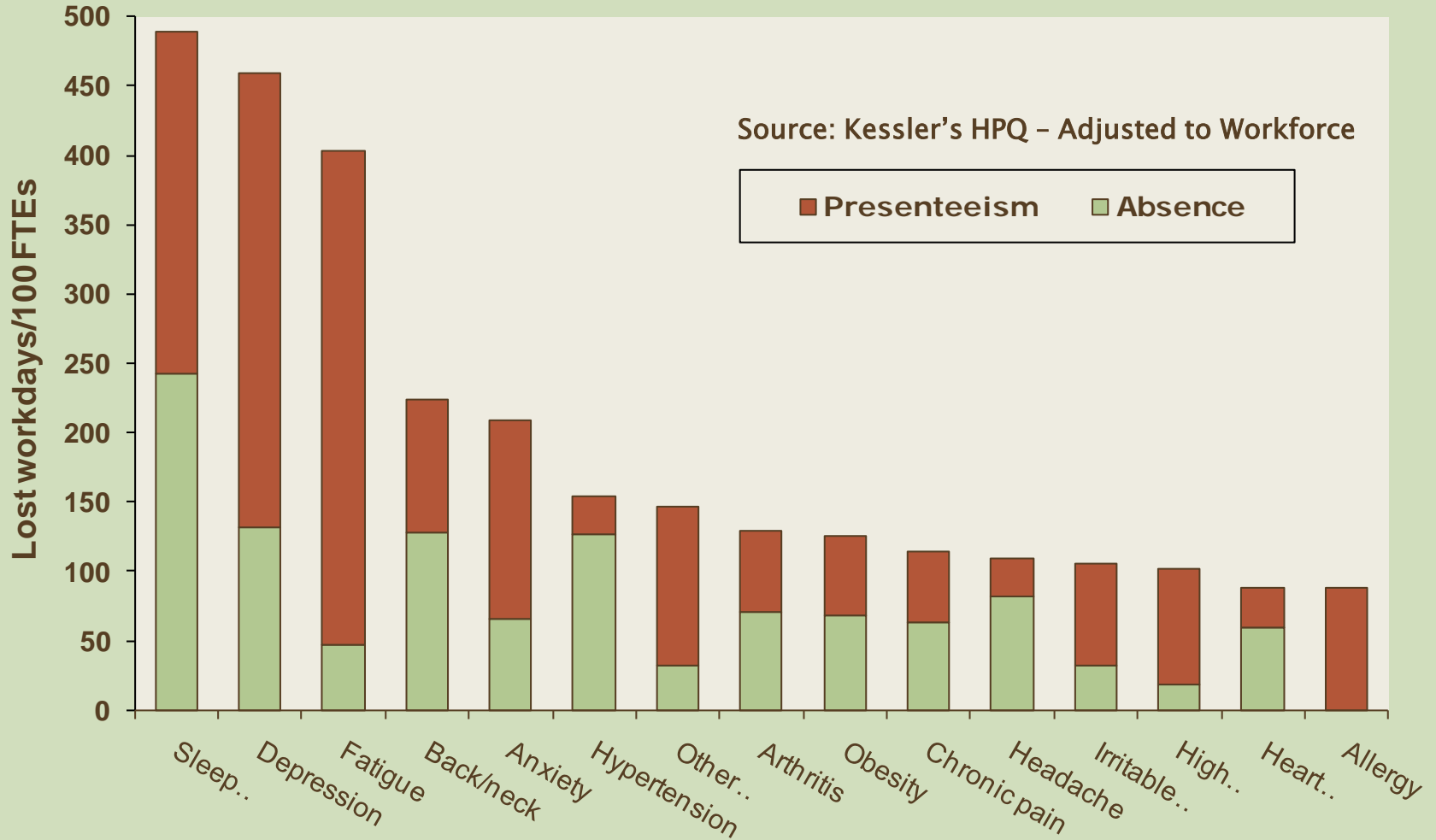
The More Health Risks the Greater the Limitations



Some Health Risks Cause Greater Lost Work Hours



Health Risks: Cause Productivity Loss



Top 15 Drivers of Lost Work Time



errors
complaints
delays
team breakdown

*Not doing well
while working*

unscheduled breaks
unfocused time
health exams on work time
information gathering

*Not doing work on
work time*

Not at work

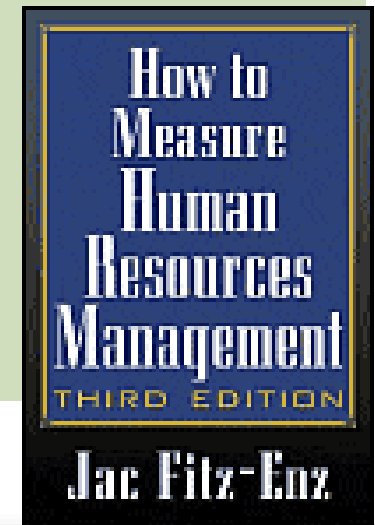
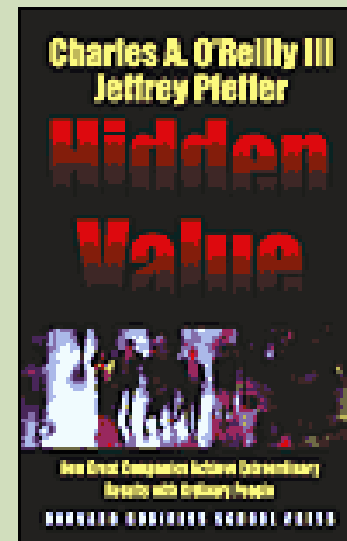
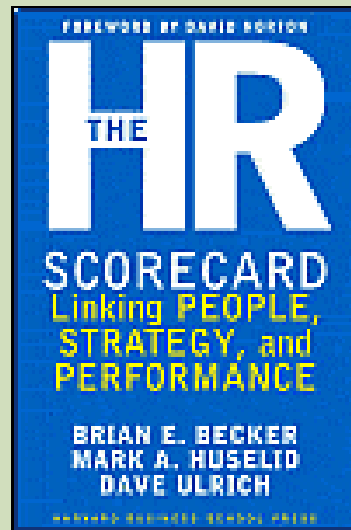
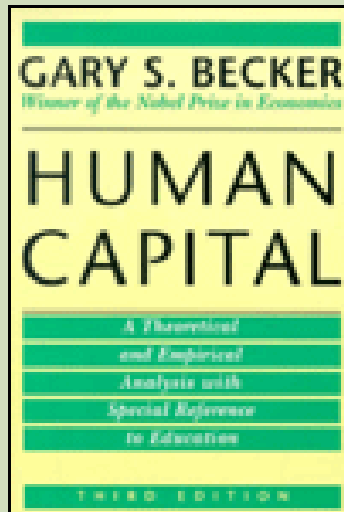
unscheduled absence
disability
workers' comp
replacement workers

Lost to the workforce

permanent disability
early retirement due to health issues
premature death
spousal illness

Poor Health Impact on Employee Performance Outcomes

Human Resource Goal: Find People with "The Skill & The Will" But What About Not Being Ill!



The Robin Hood Effect at Large Manufacturer Saving Money Managing the Ill – Reinvesting in Wellness

This study compares the cost of well and chronically ill active employee and dependent cohorts either cared for by our trusted clinicians at the workplace or receiving care randomly in the community.

We spent \$488K more on the well subset we cared for and \$692K less on the chronically ill.

Place of Service	Healthcare Costs			
	Acute & Preventive Care		MCD Patients	
	Workplace Care	Community Care	Workplace Care	Community Care
	913	3637	474	1180
CHD Meridian Physician Visits	\$ 170	\$ 3	\$ 253	\$ 5
Community Physician Visits	\$ 331	\$ 379	\$ 947	\$ 1,314
Total Physician Visits	\$ 501	\$ 382	\$ 1,201	\$ 1,319
CHD Meridian Rx	\$ 223	\$ 115	\$ 571	\$ 597
Community Rx	\$ 31	\$ 88	\$ 70	\$ 283
Total Pharmacy Rx	\$ 255	\$ 202	\$ 640	\$ 880
Facility	\$ 381	\$ 375	\$ 1,682	\$ 1,811
Total	\$ 1,137	\$ 959	\$ 3,523	\$ 4,010
		16%		-14%
Aggregate Costs (Savings)		\$ 486,214		\$ (691,777)
Net Aggregate				\$ (205,563)

Clinical Outcomes for Health Center Users with Diabetes

Process Indicators Correlate with Outcomes (N = 336)

LAB Value	2003 Year 1	2005 Year 3	Variance
HbA1C	9.1	7.8	-14.0%
HDL Cholesterol	43	47	+9.3%
LDL Cholesterol	138	108	-21.7%
Triglycerides	288	201	-30.0%
Systolic BP	131	126	-3.8%

**Achieving the Promise of Disease Management:
Preventing Complications, Reducing Costs, & Improving Productivity**

Analysis of risk factors

predictive modeling indicate a significant reduction in risk of diabetes complications over the 2003-2005 period for diabetics under care

Prevented:

3 Amputations

2 Episodes of Blindness

6 Dialysis Patients

44 Heart Attacks &

Strokes

Potential future economic impact

- reduced patient morbidity has been estimated at an average of **\$1,800 of avoided medical costs per patient per year** (before inflation adjustment)
- Saved over 6 Million Dollars in direct medical costs alone by preventing these complications***

*Economic impact does not include impact on productivity or disability outcomes

	Projected Cases Per 336 Patients with Diabetes (10 Year Period)		Avoided Costs (10 Years)
	Risk Year 1	Risk Year 3	
Lower extremity amputation	10.7	7.0	\$156,600
Blindness	4.7	3.0	\$54,400
End stage renal disease	7.0	1.3	\$4,934,200
MI or stroke	84	40	\$1,094,000
Total Medical*			\$6,238,600

Projecting The Long-Term Economic Impact of Diabetes Care Improvement

Educate & Motivate



The Nurse
in the neighborhood

Diagnose & Treat



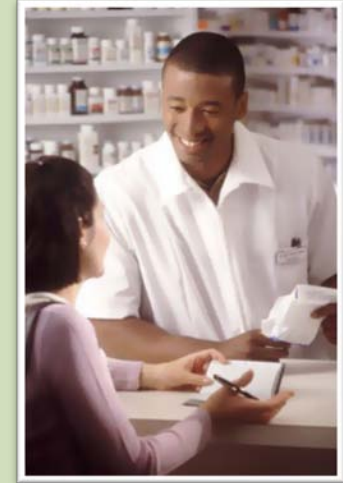
The Doctor
at the workplace

Keep Fit & Rehab



The Therapist at
the workplace

Reinforce & Coach



The Pharmacist
in the neighborhood

**Multiple Trusted Clinicians Working in Concert on Behalf of
the Consumer**

Illness

Drug Management
Behavioral Health
Disease/Case Management

Wellness

Screenings
Immunizations
Health Coaching
Health Assessment

Managing the Medical Community

Specialists
Tests
Hospitals
Treatment Options



Fitness

Work Readiness
Ergonomics
Work Hardening
Return to Work

Environment

Smoking Ban
Traditional Occ Health
Safe Workplace
Cafeteria



The Promise of a Medical Home: Integrating Care by "Trusted Clinicians"

Today's Agenda

- Population Health Management is attentive to the full spectrum of care from wellness to catastrophic illness
- There are key tenants to successful application of Population Health Management
- Population Health Management Can Impact Productivity
- Paying for Population Health Management in a zero sum game: The Robin Hood Approach™