



Health Intelligence On Demand

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Consulting | Health and Benefits
Presentation to HBCH

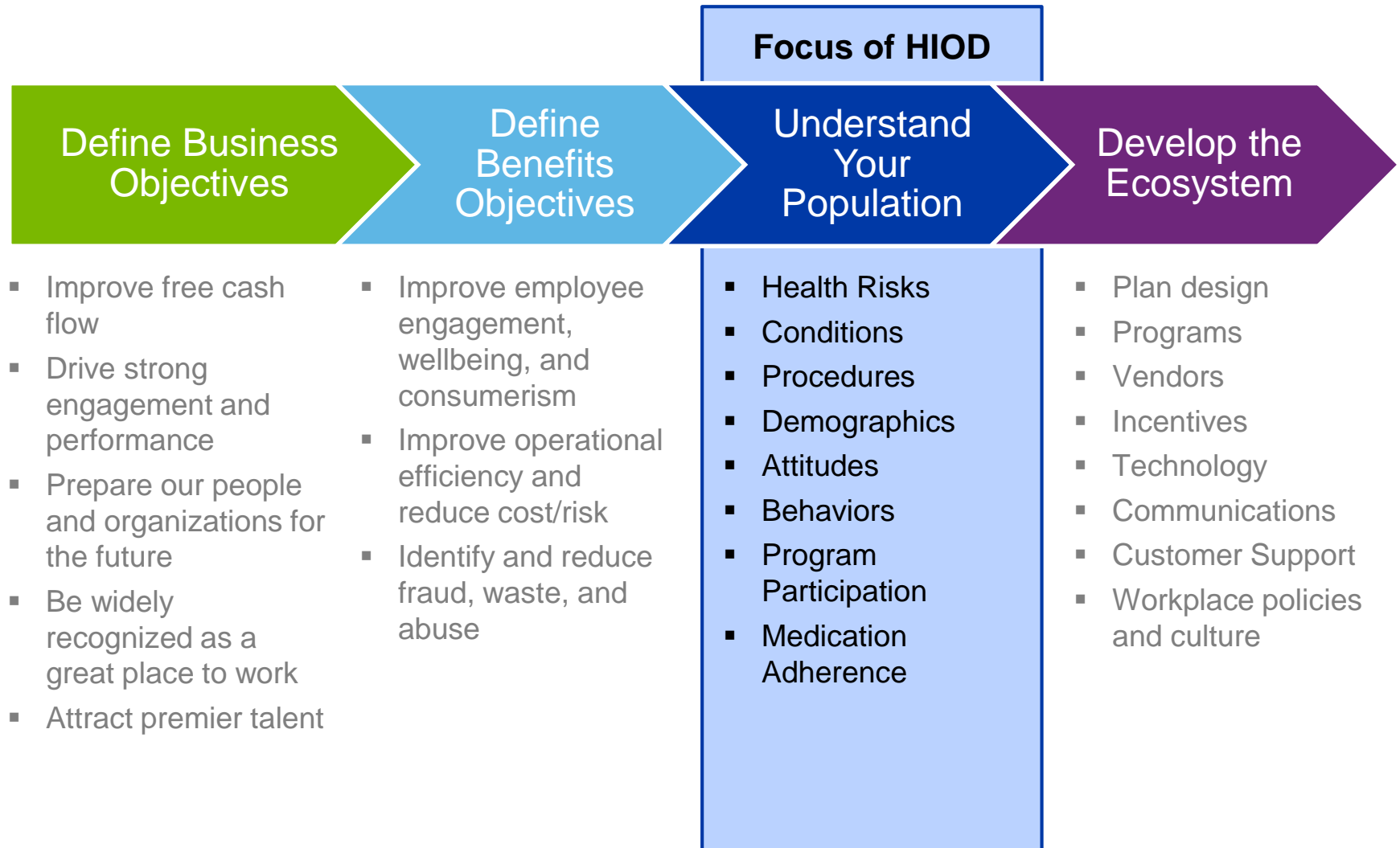


Health Intelligence On Demand (HIOD)



- Dynamic picture of health at the member level
- Identify actionable health behaviors and trends that we can use to develop benefits strategies
- Establish baseline measurement and future program evaluation


























HIOD as a Part of Benefits Strategy



LivingWell Segments—Attitudes and Values

	Leading the Way	I Need a Plan	In it for Fun	Not Right Now	Value Independence
Key Characteristics	<p>Positive attitude</p> <p>Desire to take action and improve health</p>	<p>Risk-avoidant</p> <p>Undisciplined</p> <p>Seek advice</p>	<p>Competitive</p> <p>Goal-oriented and social</p>	<p>Time- crunched</p> <p>Family-oriented</p> <p>Younger</p>	<p>Skeptical</p> <p>Self-reliant</p> <p>Present-oriented</p>

Testing the Segments with Employer Data

	Leading the Way	I Need a Plan	In it for Fun	Not Right Now	Value Independence
Percent of Employees					
% Female	48%	21%	37%	55%	13%
HQ Participation					
Medical Cost					
Emergency Room Visits					
Preventive Office Visits					

Medical Plan Migration

	Bronze	Silver	Gold
Age	42	48	50
% Female	28%	33%	42%
Length of Service	13.0	17.6	18.0
Medical Paid per EE	\$985	\$2,549	\$6,488
% High Cost Claimants	0.2%	0.7%	2.3%
Business Days Lost Per EE	1.7	2.4	4.8
LivingWell Segments			
In It For Fun	19.5%	21.3%	20.7%
Value Independence	13.3%	10.9%	9.4%

Time Away From Work

	Low Absence <11 days	Moderate Absence 11 to <41 days	High Absence 41 or more days
Managers			
% of Employees	96%	3%	1%
Medical Paid per Employee	\$2,424	\$13,748	\$25,509
ER Frequent Flyers per 1,000 Lives	5	24	69
% with Chronic Condition	36%	60%	79%
Bargained			
% of Employees	77%	14%	9%
Medical Paid per Employee	\$1,588	\$5,564	\$8,717
ER Frequent Flyers per 1,000 Lives	7	32	48
% with Chronic Condition	33%	58%	72%

Absence includes sick days, disability, workers compensation days, and FMLA leaves.

Absence excludes vacation, holidays, and pregnancy time.

ER Frequent Flyer is defined as a claimant who has 3 or more visits within a single reporting period.

Quantifying the Total Cost of Chronic Conditions

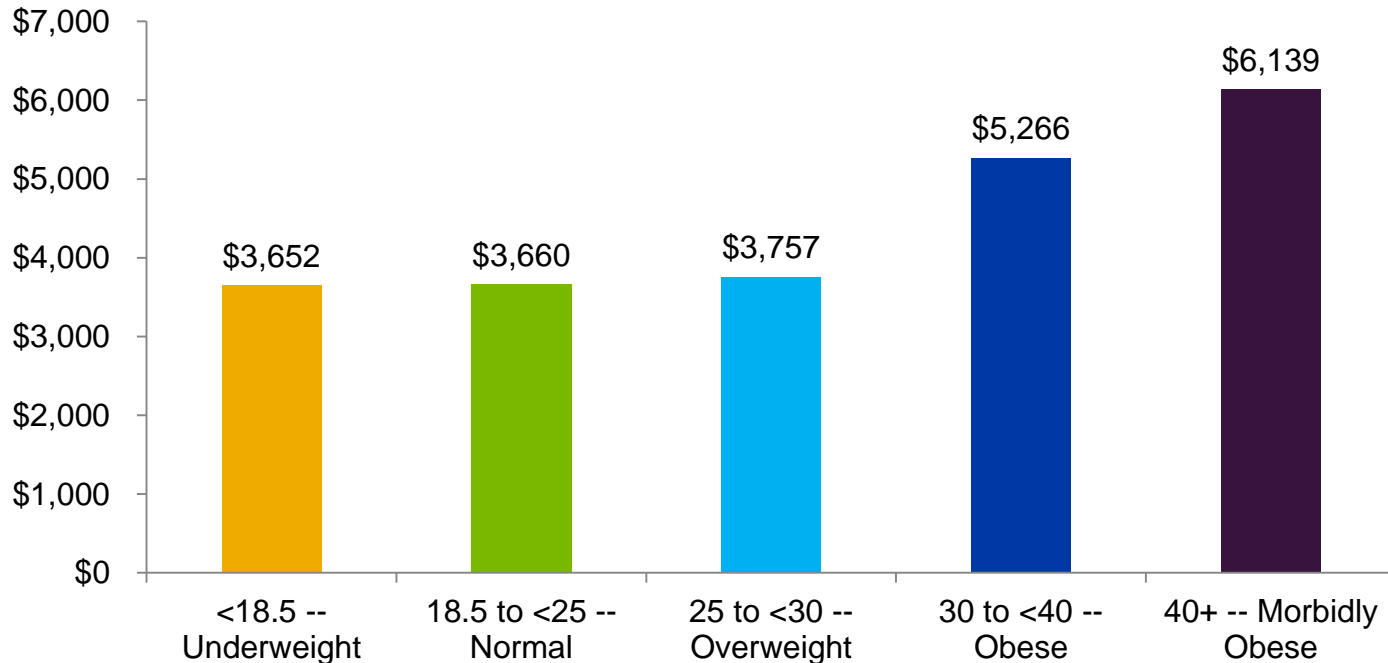
	Cancer	Cardiac	Diabetes
Business Days Lost Per EE	8.0	6.1	4.5
DxCG Prospective Risk	3.03	3.66	2.87
Medical Paid per EE	\$19,197	\$16,002	\$6,843
HCCs as % of Employees	10%	8%	3%
HCC Paid as % of Total Paid	66%	52%	40%
ER Visits per 1,000 Lives	226	488	232
ER Frequent Flyers per 1,000	15	34	12
Medication Adherence	N/A	Cholesterol - 79% Hypertension - 89%	Diabetes - 75%

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Claim Cost by BMI Category

Weight continues to be the top health risk for the non-bargained employee population and is associated with higher cost for employees with BMIs above 30

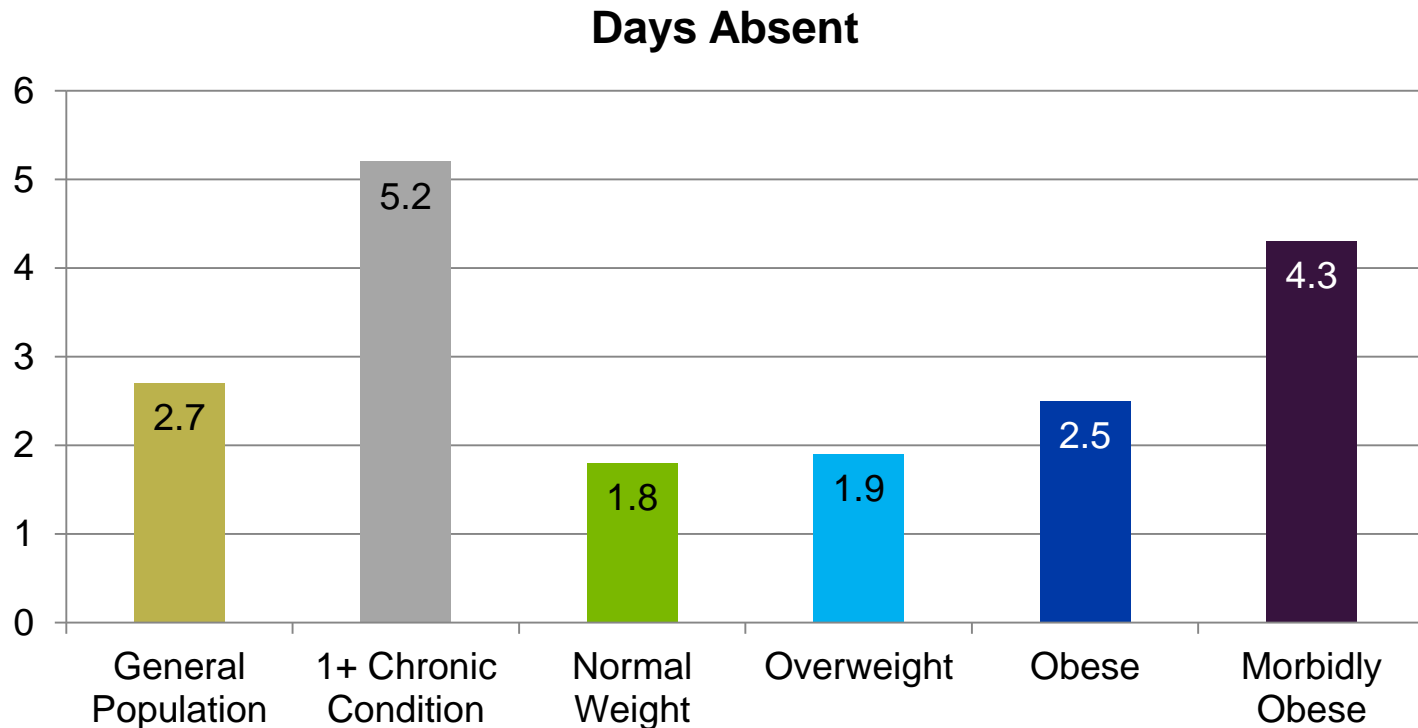
Medical/Drug Paid PEPY* by BMI



* PEPY = Per Employee Per Year

Health Status and Lost Work Days

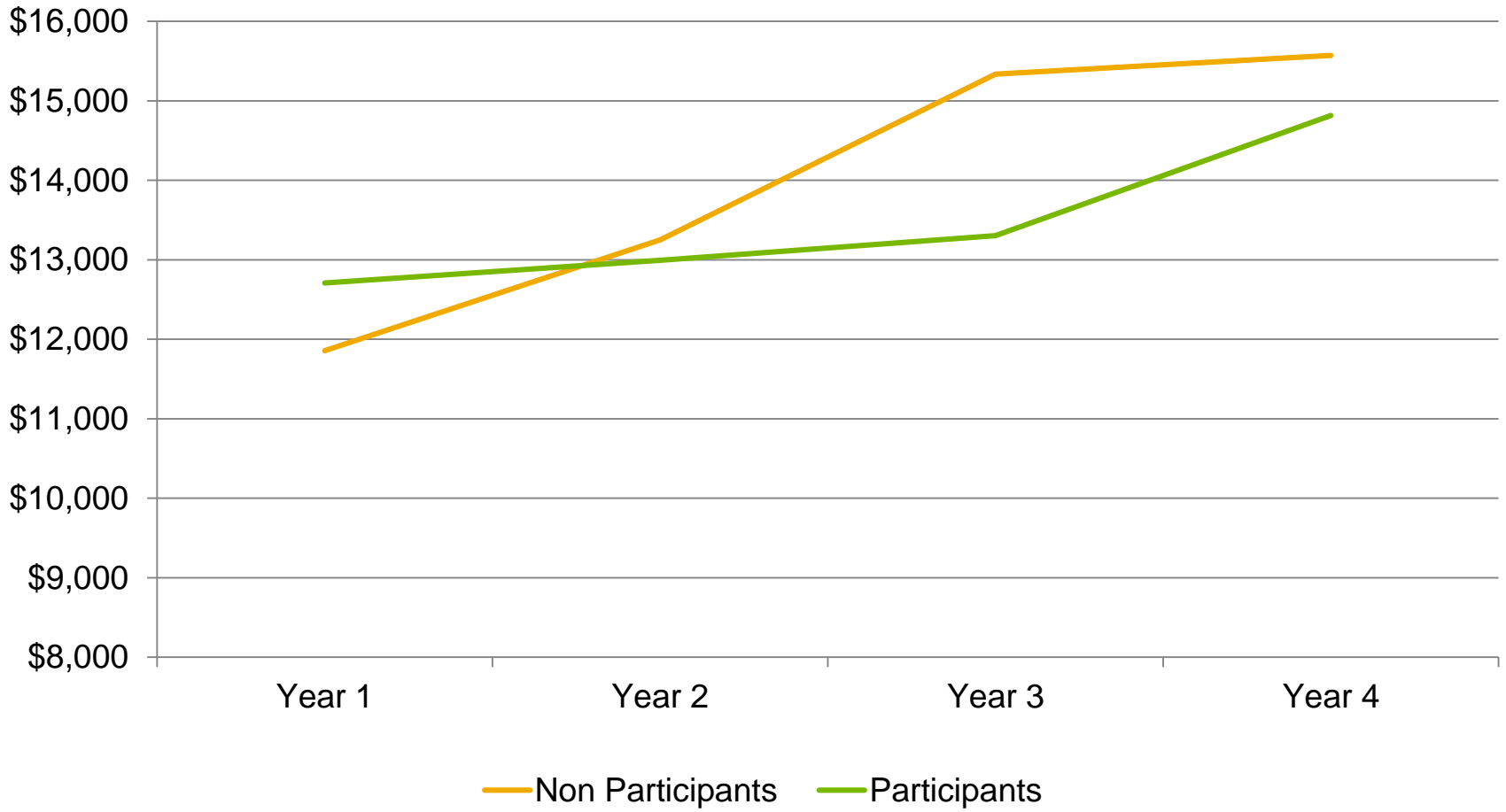
- Employees with at least one chronic condition experienced 2.5 additional lost work days compared to the general population
- The average number of days absent increases as weight increases



Absence includes sick days, disability, workers compensation days, and FMLA leaves.
Absence excludes vacation, holidays, and pregnancy time.

Cohort Analysis—Wellbeing Challenge Outcomes

Medical and Rx PEPEY



Summary of Proposed Tactics

Program	Issues	Actions
Case management (CM)	<ul style="list-style-type: none"> ▪ Uncertainty if CM/DM are identifying the appropriate members and using the right avenues and approaches to engaging them 	<ul style="list-style-type: none"> ▪ Employee listening – collect first hand feedback from focus groups ▪ Ecosystem assessment – create a blueprint of all programs; map points of integration ▪ Experience mapping – chart the paths members take through various health and benefits situations ▪ Clinical audit ▪ Revisit incentive strategy ▪ Establish a dashboard with consistent metrics across programs to monitor engagement and outcomes ▪ Continue to focus the Vendor Council on integration and referrals ▪ Future Consideration: consider piloting condition based vendors
Disease management (DM)	<ul style="list-style-type: none"> ▪ Members unsure how to navigate through the various resources that are available ▪ Need verification that CM/DM is following appropriate evidence-based protocols ▪ Lack of connectivity to other resources 	
Castlight	<ul style="list-style-type: none"> ▪ Low engagement rates 	
EAP	<ul style="list-style-type: none"> ▪ Limited cross-referrals 	
Wellbeing Programs	<ul style="list-style-type: none"> ▪ Members unsure how to navigate through the various resources that are available ▪ Lack of information on employee feedback 	