

NACo is pleased to present

***Cost-Effective Innovations  
to Improve County Health Care***

**Thursday, March 22, 2012**



# NACo Healthy Counties Initiative Sponsors



[www.naco.org/healthycountiesinitiative](http://www.naco.org/healthycountiesinitiative)

## Speakers

### **Lester Morales**

National Vice President of Sales  
Healthstat, Inc.

### **Kim Stroud**

Employee Health Benefits Manager  
Manatee County, FL

# On-Site Employee Health Clinics

*A “win-win” for Counties and Employees*

*NACo Healthy Counties Webcast March 2012*



# Onsite Health Management:

## *Onsite Employer Clinics*

### *A true WIN- WIN:*

#### Employer

- Decrease healthcare cost
- Healthier employees
- Increase productivity/ Decrease absenteeism
- Increase employee retention
- Customized and Scalable
  - Min 8hrs/week (250 employees)
  - “Around the clock”
- Minimize risk exposure
  - Outsourced to 3<sup>rd</sup> party
- Better utilization of carrier/vendor programs
  - Data integration

#### Employee

- It's FREE
- Employee incentives:
  - Premium differential
  - Plan design
  - Prizes
- Reduce PTO usage- “on the clock”
- Convenient/ Easy access to care
- Onsite Rx dispensing
- Time with provider
- Personal care plan
- Education
- Confidential- HIPAA compliant

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# *Who is Healthstat?*

# Healthstat: *An introduction*

- First Clinic in Operation in 1994
- Provides On-Site Health Management for more than 100 employers in 30 states
- Operates more than 300 clinics serving over 200,000 participants
- Has performed over 200,000 Health Risk and Biometric Assessments and performs over 30,000 clinic encounters per month
- NCQA and SAS-70 Type II Certifications assure quality and privacy
- Employ Dedicated Medical Directors



### 300 Clinic in 30 States

#### Notable Public Sector:

- o Charlotte County Public Schools (FL)
- o Okeechobee County School System (FL)
- o City of Kenosha (WI)
- o Larimer County (CO)
- o City of Greeley (CO)
- o City of Loveland (CO)
- o County of Santa Barbara (CA)
- o City of Lakeland (FL)
- o City of Albany (GA)
- o City of Hickory (NC)
- o Rockingham County (NC)
- o Durham County (NC)
- o Nash County (NC)
- o Montgomery County (VA)
- o City of Charleston (WV)
- o City of S. Charleston (WV)
- o DeShutes County (OR)

#### Notable Private Sector:

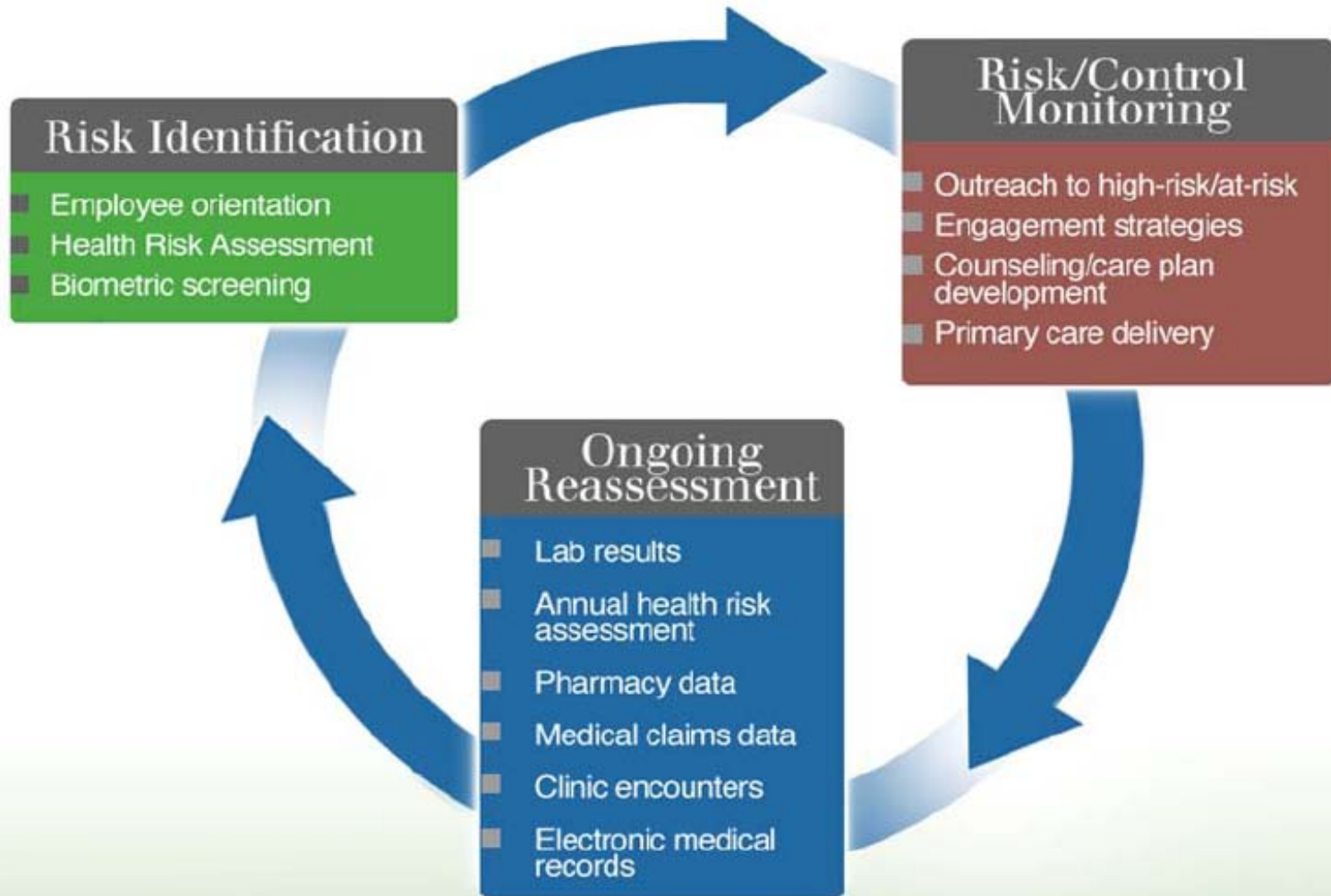
- o Blue Cross BlueShield of Florida
- o Arkansas BlueCross BlueShield
- o Coca-Cola Bottling Company Consolidated
- o Milliken and Company
- o Olan Mills Photography
- o Reiter Affiliates
- o Rockingham Memorial Hospital
- o Central Florida Health Alliance
- o Parker Hannifin
- o BorgWarner, Inc.
- o BB&T
- o General Electric- Appliance Division
- o Mount Vernon Mills
- o Sun Hydraulics
- o Varian Semiconductors
- o Maples Rugs
- o Hickory Springs Manufacturing



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*How does our program work?*

# The Healthstat Solution



# How does it work?

## Communication

**ls** **What Do the Results Mean to Me?**

Your Overall Risk Score places you into a **High Health Risk** category. It is important to understand the things you need to do to either lower your risks or to maintain a low level of risk. The Healthstat program is designed to assist you with managing your health risks. This may include certain recommendations for treatment and healthcare visits. Pages 3-5 of this report detail more information about the tests and risks.

Visits to the on-site clinic and/or your primary care physician are extremely important. The Visit Frequency Charts below help you plan the timing of your visits to the on-site clinic and/or your primary care physician. These charts should be used as a guide to determine when to schedule an appointment with the On-Site Clinic Provider and/or your primary care physician.

**How Often Should I Visit the Clinic?**

YOU HAVE 6 RISK FACTORS OR AN IMMEDIATE NEED VALUE ON YOUR NRA. YOU SHOULD PLAN TO VISIT THE CLINIC ON THE FOLLOWING SCHEDULE:

Your 1st Clinic Visit Should Occur Between:	Your 2nd Clinic Visit Should Occur Between:	Your 3rd Clinic Visit Should Occur Between:	Your 4th Clinic Visit Should Occur Between:
April 1 - June 30	July 1 - September 30	October 1 - December 31	January 1 - March 31

4 or higher (red)	Every 2 Months
3 or higher (orange)	Every 3 Months
2 or higher (yellow)	Every 6 Months
1 or higher (green)	Every 12 Months

If you have questions regarding this information, please take these results to your On-Site Clinic Provider and/or your primary care physician for review. Your information and any care you receive in Healthcare On-Site Clinics will be kept strictly confidential. Healthstat will be monitoring your visit frequency to the On-Site Clinic to determine whether or not you are following these visit recommendations.

**Health Risk Guidelines\***

Screening Test	High Risk	Moderate Risk	Low Risk	Immediate Need Value
Blood Pressure Systolic	140 or higher	130-140	120 or less	higher than 180
Blood Pressure Diastolic	90 or higher	80-90	70 or less	higher than 100
Blood Cholesterol	160 or higher	-	80 or less	higher than 200 (if patient is higher than 200 is not assessed)
Triglycerides	200 or higher	100-190	140 or less	higher than 700
Total Cholesterol	240 or higher	200-230	180 or less	higher than 300
HDL Cholesterol	40 or less (males) 50 or less (females)	50-40	60 or higher	less than 15 (males and females)
LDL Cholesterol	160 or higher	130-150	120 or less	higher than 200
Body Mass Index	30.0 or more	25.0-29.9	20.0 or less	higher than 40
PSA (Male Only)	4.0 or higher	4.0-3.5	3.4 or less	higher than 12
Diabetic	Yes	No	No	Yes
Tobacco Use	Yes	Yes	No	N/A
Date of Last Physical Exam	within 12 months	between 1-10 years	1 year or less	N/A

**healthstat** building a healthier business  
**Clinical Risk Stratification**  
**Company XYZ**  
 Charlotte, NC

First Name	Last Name	SS#	SBP	DBP	GLU	Tchol	LDL	HDL	TRIG	BMI	P
Roy	Davis	*****	152	104	108	228	162	48	168	34.8	N
Joseph	Clark	*****	161	110	156	625	NC	32	980	28.9	N
Hope	Thornton	*****	148	96	131	321	236	46	126	33.1	N
Dinah	Price	*****	155	101	168	86	256	47	192	28.6	N
David	Law	*****	143	86	102	499	305	30	NP	32.7	N
Thornton	Frazier	*****	143	100	113	274	195	29	111	36.9	N
Paul	Price	*****	152	98	104	277	277	43	179	26.1	N
Francis	Hochthanner	*****	172	99	105	356	284	53	160	23.4	N
Vickey	Averett	*****	169	94	83	144	249	48	172	32.4	N
Teresa	Britton	*****	147	92	100	205	244	48	155	40.8	N
Hank	Torian	*****	141	90	96	425	165	31	NP	34.7	N
David	Jeffers	*****	148	94	119	385	180	29	74	35.4	N
Quansah	Bell	*****	160	90	89	270	288	44	190	27.8	N
Terry	Ramsey	*****	146	91	81	317	168	20	85	31	NP
Linwood	Jackson	*****	145	97	102	145	229	37	163	34.5	NP
John	Githinji	*****	144	96	111	391	184	29	77	33.9	NP
Larry	Hester	*****	148	92	99	741	267	33	NP	26.4	NP
Christopher	Moore	*****	137	81	100	216	266	37	186	37.2	NP
Ronnie	Williams	*****	142	97	250	199	172	38	94	35.1	NP
Joseph	Shareno	*****	149	85	214	248	177	31	96	49.2	NP
Larry	Enoch	*****	157	91	124	253	151	37	63	38	NP
Phyllis	Painter	*****	143	91	89	197	273	55	179	30.6	NP

**Health Assessment Overview**  
 Tuesday, March 16, 2010

	Triglycerides	Cholesterol	Blood Sugar	Blood Pressure	Body Mass	Prostate Antigen
Company Participants	1431	1431	1431	1431	1431	1431
# of Employees with Risk	147	316	101	338	544	3
Percentage at Risk	10.3%	22.1%	7.1%	23.6%	38%	0.2%
HS Standard	16.20%	44%	9.70%	37.70%	36.50%	1.70%

**Table One: Measurable Risk Elements**

	Tobacco Products	Alcohol Products	Family History
Company Participants	1431	1431	1431
# of Employees with Risk	168	154	693
Percentage at Risk	11.7%	10.8%	48.4%
HS Standard	27.00%	9.60%	77.50%

**Table Two: Subjective Risk Elements**

	Total Assessed	# w/ Risk Factors	% of Total
Company Participants	1431	851	59.5%
TOTAL	1431	851	59.5%

**Table Three: Measurable Risk By Location**

	0 Risk Factors	1 Risk Factor	2 Risk Factors	3 Risk Factors	4 Risk Factors	5 or More Factors
Company Participants	580	370	249	129	67	36
TOTAL	580	370	249	129	67	36

**Table Four: Measurable Risk By Complexity**

	0 Risk Factors	1 Risk Factor	2 Risk Factors	3 Risk Factors	4 Risk Factors	5 or More Factors
Company Participants	580	370	249	129	67	36
TOTAL	580	370	249	129	67	36

**Table Five: Measurable Risk By Factor**

	Triglycerides	Cholesterol	Blood Sugar	Blood Pressure	Body Mass	Prostate Antigen
Company Participants	147	316	101	338	544	3
TOTAL	147	316	101	338	544	3

**Table Six: Subjective Risks By Factor**

	Tobacco Products	Alcohol Products	Family History
Company Participants	168	154	693
TOTAL	168	154	693

Monday, March 19, 2010

JOHN SMITH  
 123 Main Street  
 Charlotte, NC 28217

Thank you for participating in the test. This report helps you understand your health risk, you either maintain or lower your current risk. Your score is highlighted in the table below.

**Health Risk Summary**

Screening Test Name	8/23/2008	3/8/2008
Systolic Blood Pressure	166	114
Blood Pressure Diastolic	89	135
Blood Glucose	124	93
Triglycerides	97	141
Total Cholesterol	199	212
HDL Cholesterol ("good cholesterol")	47	52
LDL Cholesterol ("bad cholesterol")	152	151
Body Mass Index	34.3	35.3
PSA - Prostate Specific Antigen (Males Only)	0.7	0.7
Diabetes Status	No	No
Tobacco Use	Yes	Yes
Last Physical Exam	> 1 year	1-2 years

Please refer to the Health Risk Guidelines on page 2 of this report.

Your Overall Risk Score is **6**

Low Health Risk (0-3)	Moderate Health Risk (4-5)	High Health Risk (6-10)
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# Scope Of Services



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*What does a clinic look like?*

# Healthstat: *Potential Clinic Design*

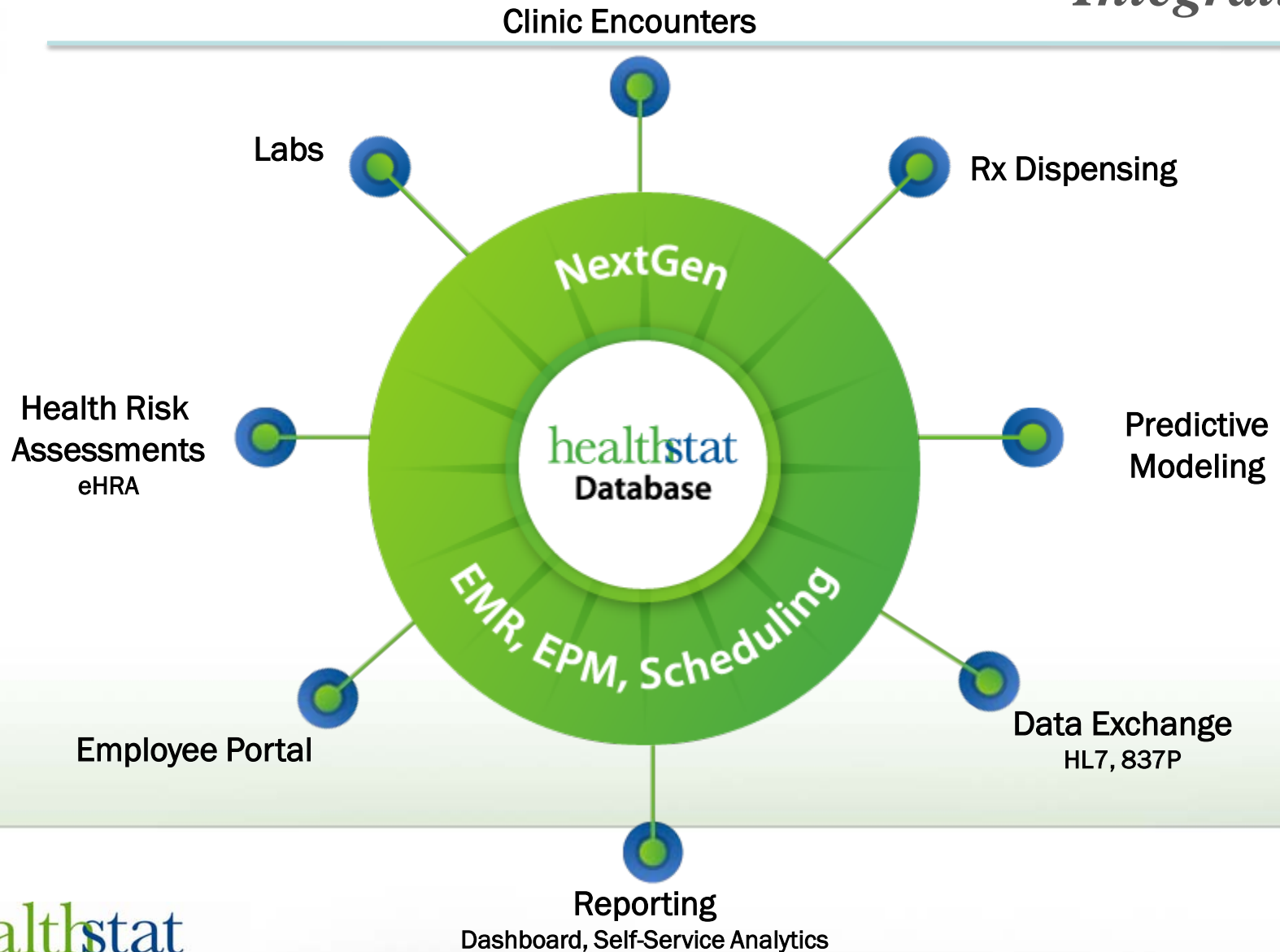


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*What makes Healthstat different?*

*“It can’t just be about the clinic”*

# Data *Integration*





# Electronic Medical Record

## *Coordination of Care*

The screenshot displays the NextGen EMR software interface. The main window shows a letter template for an on-site clinic referral. The letter is dated September 13, 2010, and is addressed to Dr. John Smith, DOB: 09/01/1956. The letter describes a patient's visit to the on-site medical clinic and a decision to refer the patient for further evaluation and consultation. The letter is signed by a Corporate Clinician. The interface includes a menu bar (File, Edit, View, Tools, Utilities, Insert, Format, Window, Help), a toolbar with icons for Save, Clear, Delete, Patient, History, Inbox, Apps, and Close, and a right-hand pane showing a folder structure for the patient's records. The folder structure includes folders for 09-13-10 04:38 PM Corporate, C, 11-20-09 02:24 PM Miller, David, 04-15-09 10:28 AM Behnke, Tra, and 12-29-08 08:29 AM Behnke, Tra. The folder 11-20-09 02:24 PM Miller, David contains sub-folders for Em History, Lab Order, Office Visit, Encounter Note, Quest Lab, CC305194K, Problem, Procedure, and Lab. The folder 04-15-09 10:28 AM Behnke, Tra contains sub-folders for Em History, Lab Order, Office Visit, Encounter Note, Quest Lab, AL230978S, and Lab. The folder 12-29-08 08:29 AM Behnke, Tra contains sub-folders for Allergies, Em History, and Histories. The status bar at the bottom shows 'Ready', 'Page: 1/1', 'Line: 23', 'Column: 22', '#HealthSTAT', 'x890u2061', and '09/13/2010'.

NextGen EMR: John E Smith - [09/13/2010 04:38 PM : Document "Letter\_H5Referral"]

File Edit View Tools Utilities Insert Format Window Help

Corporate, Clinician

Times New Roman 12

**healthstat**  
building a healthier business

**On-Site Clinic**

September 13, 2010

RE: John Smith, DOB: 09/01/1956

Dear Dr.

John Smith was seen today in the onsite medical clinic noted above. After evaluation in the onsite clinic, I have decided to send this patient to you for further evaluation and consultation with regard to the following symptoms or diagnosis or diagnoses:

Please see attached encounter note for further detail. If you have any questions or concerns, please contact me at the number listed above.

Respectfully,

Clinician Corporate

Page: 1/1 Line: 23 Column: 22

#HealthSTAT x890u2061 09/13/2010

# Electronic Medical Record

## Patient Care History

NextGen EMR: John E Smith | Smith, John - (397145)

Year: 2008 | Reference Document: 20081101 | Ver: 904.16.01

Exit Save Clear Delete City

Print Save Copy Paste 1 / 2 91.4% Find

**Patient: John**

Age: 53 Years SS #: Sex: Male DOB: PCP (first, last): PCP (city, state):

New  Established

Episodic  Chronic Disease  
Visit Type: Office Visit

Launch Healthy Life Survey

**Chief Complaint**

labwork

**Medical/Surgical History**

System	#	Disease
metabolic/endocrine		Diabetes

**Family History** Click for:

* Family Member	Name	Di

Ready

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**SMITH, JOHN** 11 2008

Forecasted Risk Index:	0.58	
Impact Scores:	Acute: 54.00	Chronic: 78.00
Total Cost:	\$0.00	
Forecasted Cost:	\$1,305.00	

**Patient Diagnoses**

Primary Condition	Diabetes
Co-Morbidity	Preventive Health, Trauma

**Care History**

Visit Type	Service Date	Primary Diagnosis	Procedure Description	Provider Name
Professional	12/11/2007	DMII WO CMP NT ST UNCNR	GLUCOSE BLOOD TEST	LESTER LABUS MD,
Professional	12/11/2007	DMII WO CMP NT ST UNCNR	OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT, PROBLEMS LOW TO MODERATE SEVERITY	LESTER LABUS MD,
Professional	05/05/2008	DMII WO CMP NT ST UNCNR	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	LABCORP OF AMERICA HOLDINGS,
Professional	05/05/2008	DMII WO CMP NT ST UNCNR	GLYCATED HEMOGLOBIN TEST	LABCORP OF AMERICA HOLDINGS,
Professional	05/05/2008	DMII WO CMP NT ST UNCNR	LIPID PANEL	LABCORP OF AMERICA HOLDINGS,
Professional	05/05/2008	DMII WO CMP NT ST UNCNR	OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT, PROBLEMS LOW TO MODERATE SEVERITY	LABUS, LESTER
Professional	05/05/2008	DMII WO CMP NT ST UNCNR	PROSTATE SPECIFIC ANTIGEN; TOTAL	LABCORP OF AMERICA HOLDINGS,
Professional	06/23/2008	SPRAIN OF NECK	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	LABUS, LESTER
Professional	06/23/2008	DMII WO CMP NT ST UNCNR	GLYCATED HEMOGLOBIN TEST	LABCORP OF AMERICA HOLDINGS,
Professional	06/23/2008	SPRAIN OF NECK	OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT, PROBLEMS LOW TO MODERATE SEVERITY	LABUS, LESTER

# Electronic Medical Record

## Guideline Gap Analysis

File Edit Default View To  
 Year: 2010 Reference Document: 20100101 Ver: 904.16.0  
 Exit Save Clear Delete City  
 3 / 3 91.4% Find

**Patient: John**  
 Age: 53 Years SS #:   
 Sex: Male DOB:   
 PCP (first, last):   
 PCP (city, state):   
 New  Established  
 Episodic  Chronic Disease  
 Visit Type: Office Visit

[Launch Healthy Life Survey](#)

**Chief Complaint**  
 labwork

**Medical/Surgical History**  
 System # Disease  
 metabolic/endocrine Diabe

**Disease Guidelines**

Disease	Description	Compliant
Diabetes	Influenza immunization	No
Diabetes	Diabetes With Eye Exam	No
Diabetes	Diabetes With HGBA1C Testing	Yes
Diabetes	Medical attention for nephropathy	No
Diabetes	Diabetes With Microalbuminuria Testing	No
Diabetes	Lipid profile	Yes
Diabetes	LDL-C screening	Yes
Diabetes	LDL < 100 mg/dl	No
Diabetes	Triglyceride < 150 mg/dl	No
Diabetes	HDL > 40 mg/dl	Yes
Diabetes	HBA1C < 7%	No
Diabetes	HBA1C <= 9%	No
Diabetes	LDL-C < 130 mg/dL	No
Preventive Care	Preventive measure for colon cancer	No
Preventive Care	Influenza vaccine for chronic individuals	No
Preventive Care	Influenza vaccine for age 50-64	No
Preventive Care	Pneumococcal immunization	No
Preventive Care	PSA or DRE: males age >= 50	Yes

**Rx**

Drug Name	Generic Status	Last Fill Date	% Compliant	Total Cost
HUMULIN 70-30		06/05/2009	97.60	\$239.00
LORAZEPAM	GENERIC	12/28/2009		\$0.00
HUMULIN 70-30	GENERIC	12/28/2009		\$636.00
METFORMIN HCL	GENERIC	12/11/2009		\$15.00
ACCU-CHEK COMFORT CURVE	GENERIC	10/01/2009		\$130.00
SIMVASTATIN	GENERIC	04/22/2009		\$2.00
INSULIN SYRINGE	GENERIC	10/01/2009		\$4.00
INSULIN SYRINGE	GENERIC	04/03/2009		\$8.00

Family History [Click for](#)

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*Who else is having success?*

### 18 Month ROI

18-MONTH ANALYSIS	Jan - Dec 2008	Nov - Dec 2009	Jan - Dec 2010	Jan - Apr 2011	18-Months TOTAL
Average Medical Enrollment	1,436	1,483	1,489	1,442	
Total Medical & Rx Claims Costs minus Large Claimants	\$10,099,420	\$1,930,716	\$11,098,989	\$3,359,905	\$16,389,610
<i>Additional Clinic Expenses (not HS)</i>	\$0	\$82,473	\$54,164	\$21,000	\$ 157,637
Total Healthstat Expenses	\$0	\$142,973	\$480,533	\$160,941	\$ 784,447
Total Clinic Expenses	\$0	\$225,446	534,697	181,941	\$ 942,084
TOTAL Claims & Healthstat Costs	\$10,099,420	\$2,156,162	\$11,633,685	\$3,541,846	\$17,331,694
Annual PEPY Trend Assumption (9%)	\$7,033	\$7,811	\$8,514	\$9,281	
Claims Costs with Trend Assumption		\$1,930,716	\$12,675,129	\$4,460,930	\$19,066,775
Claims Savings with Trend Assumption		\$0	\$1,576,140	\$1,101,025	\$2,677,165
<b>RETURN ON INVESTMENT (Ratio to 1)</b>					<b>2.84</b>

- Clinic opened in November 2009, making 2010 the first full year with the Healthstat program.
- No significant benefit changes to the medical plan from 2009 to 2011.
- Achieved 68% HRA Participation with incentive tied to wellness program: 7 points = Day Off or \$150
- Achieved 77% Visit Frequency Compliance from all participants with 2+ Risk Factor (without incentive)
- Participants must complete an HRA to access the on-site clinic
- Additional Expenses noted above includes the rent, electric, heat, etc. for the clinic space.

# Results- *Clinic Utilization*

## **Participation Summary: 1/1/10 – 1/1/11**

- o 1,763 - Total Participants
- o 1,816 - Total Hours of Clinic Operation (165/month average)
- o 8,397 - Number of Encounters (763/month average)
- o 5,291 - Number of Total Visits (481/month average)
- o 1,535 - Number of High Risk Patients: (140/month average)

## **Type of Visits/Encounters**

- o 47% of all visits are from High Risk participants
- o 12% Episodic Visits (Average)
- o 88% Disease Management and Care Coordination (Average)

## **Key Points:**

- o The clinic is open 6 days/week, 60 hours/week (including Saturdays)
- o Clinic Is Available to Employees, Spouses, and Dependent Children 2+ on the Health Plan
- o Pre-Packaged Generic Medications are provided in the clinic
- o All Visits, All Labs, and All Pre-packaged Medications Are Free to Participants
- o Added Specific Medications as Requested by Employer

## Health Improvement

CHANGE IN RISKS	Total	LDL	HDL					
	Cholesterol	Cholesterol	Cholesterol	Systolic BP	Diastolic BP	Triglycerides	Glucose	BMI
<b>Goals</b>	<b>&lt; 200</b>	<b>&lt; 130</b>	<b>&gt; 60</b>	<b>&lt; 120</b>	<b>&lt; 80</b>	<b>&lt; 150</b>	<b>&lt; 100</b>	<b>&lt; 25</b>
<b>TOP 20%</b>	<b>n= 126</b>	<b>n= 125</b>	<b>n=126</b>	<b>n=207</b>	<b>n=208</b>	<b>n=127</b>	<b>n= 133</b>	<b>n= 121</b>
Initial HRA Average	252	161	37	150	94	266	141	38.2
Most Recent Average	220	135	39	132	77	202	118	38.4
% Change	-13%	-16%	6%	-12%	-18%	-24%	-17%	0%
<b>TOP 50%</b>	<b>n= 317</b>	<b>n= 312</b>	<b>n= 317</b>	<b>n= 519</b>	<b>n= 520</b>	<b>n= 317</b>	<b>n= 332</b>	<b>n= 304</b>
Initial HRA Average	227	139	45	140	89	189	118	33.3
Most Recent Average	209	125	45	129	76	159	103	33.6
% Change	-8%	-10%	2%	-8%	-15%	-16%	-13%	1.0%
<b>ALL</b>	<b>n= 634</b>	<b>n= 625</b>	<b>n= 634</b>	<b>n= 1039</b>	<b>n= 1041</b>	<b>n= 635</b>	<b>n= 665</b>	<b>n= 608</b>
Initial HRA Average	196	111	58	127	82	134	104	28.4
Most Recent Average	187	106	56	124	74	123	95	29.0
% Change	-4%	-4%	-3%	-3%	-10%	-8%	-8%	2%
<b>HEALTHSTAT TOP 20%</b>	<b>n=4,105</b>	<b>n=4,105</b>	<b>n=4,105</b>	<b>n=4,105</b>	<b>n=4,105</b>	<b>n=4,105</b>	<b>n=4,105</b>	<b>n=4,105</b>
Initial HRA Average	246	164	33	158	101	241	128	38.6
Most Recent Average	221	139	37	139	88	191	119	38.2
% Change	-10%	-15%	11%	-12%	-12%	-21%	-7%	-1.0%

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# *Why Partner with Healthstat ?*



# Why Healthstat ?

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- County experience from coast to coast
- Win-Win- cost savings for County and employees
- Lower occupational medical cost
- Marketing budget for Association for growth
- HEALTHIER COUNTIES

**Lester J. Morales**

National Vice President of Sales

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(813) 784-1519



# **Carrots and Sticks: Approach to Controlling Health Care Costs and Creating a Culture of Health.**

**Kim Stroud MA, LMHC—Employee Benefits Manager  
Manatee County Government  
*Your Choice* Health Plan**



# The Carrot and Stick Approach



# Agenda

- Value-Based Health Care
- Manatee Model-Accountability/Incentives
  - History
  - Plan Design
    - Financial Outcomes
  - Health Management and Wellness Programs
    - Clinical Outcomes
- Next Steps

# Why Value Based Benefit Design?

- The more you pay, the less you use
  - Copayments and HEDIS Scores
  - Obesity is the #2 leading cause of preventable disease and death in the U.S., second to tobacco use.
  - Depression-60% more likely for Type II Diabetes
  - Sick days due to stress tripled in last 4 years.
  - Depression and stress=250% higher utilization than other employees
- **The bottom line:** Americans receive only about 55 percent of recommended care, while at the same time, “as much as \$700 billion a year in health care services are delivered in the United States that do not improve health outcomes.”\*

\* McGlynn et al., "The Quality of Health Care Delivered to Adults in the U.S.," New England Journal of Medicine, June 2003 348(26): 2635-45; Orszag, The Underuse, Overuse, and Misuse of Health Care, Testimony before the Senate Committee on Finance, July 2008.



# Ways to Implement

- Research indicated that a combination of lower prescription copays, health education, and support can result in up to 15% more members adherent to chronic disease treatment plans in just the first year. Source: Health Affairs, 2008 and BCBS of Mass. 2008 Data
- Promote treatment Compliance and Preventative Care
- Encourage High-Value Care Selection
- Improve Decision Making and Overall Health



# Outcome of Value Based Benefits

- Where to look:
  - Premiums
  - Overall trend
  - Improved employee productivity
  - Decreased absenteeism and presenteeism
  - Morale
  - Retention
- **Leap of Faith:** Pay Now....Save Later.
- A 5-10% weight loss leads to significant improvements in diabetes, lipid-blood levels and mortality. Over time, this reduces trend.

# Manatee Demographics

- Self Funded with TPA
- 3200 Employees/6900 lives
- Board of County Commissioners and all Constitutional Agencies participate
- History:
  - Traditional PPO with a TPA
  - Increasing premiums-employer/employee
  - Chronic care (diabetes, cardiac risk, tobacco) out of control
  - Traditional wellness programs





# Where were we heading?



# Manatee Model

## Plan Design and Incentives

- Accountability
- Evidenced Based Preventative Care
- Short and long term incentive system with compliance
- Medical Home

## The Center for Health and Lifestyle Management

- Integrated Care Systems
- Chronic care management
- Advocacy, Coaching and Education
- Fitness, Nutrition, Pharmacy, Behavioral Health



# Plan Design and Qualifying Events


- 4 Plan Levels: **ALL WITH THE SAME PREMIUM.** Identical Benefits, Reimbursement at point of service differs.
- Qualifying Events completed prior to Annual Enrollment
- Wellness Exam, Lab work, Age-based screenings, Health Risk Assessment
- Diabetes and Tobacco requirements

## Manatee Results:

- **82% of Members are in Ultimate Plan**
- **97% are completing HRAs, Lab Work and Wellness Exams**



# Incentives: Health Bucks Rewards

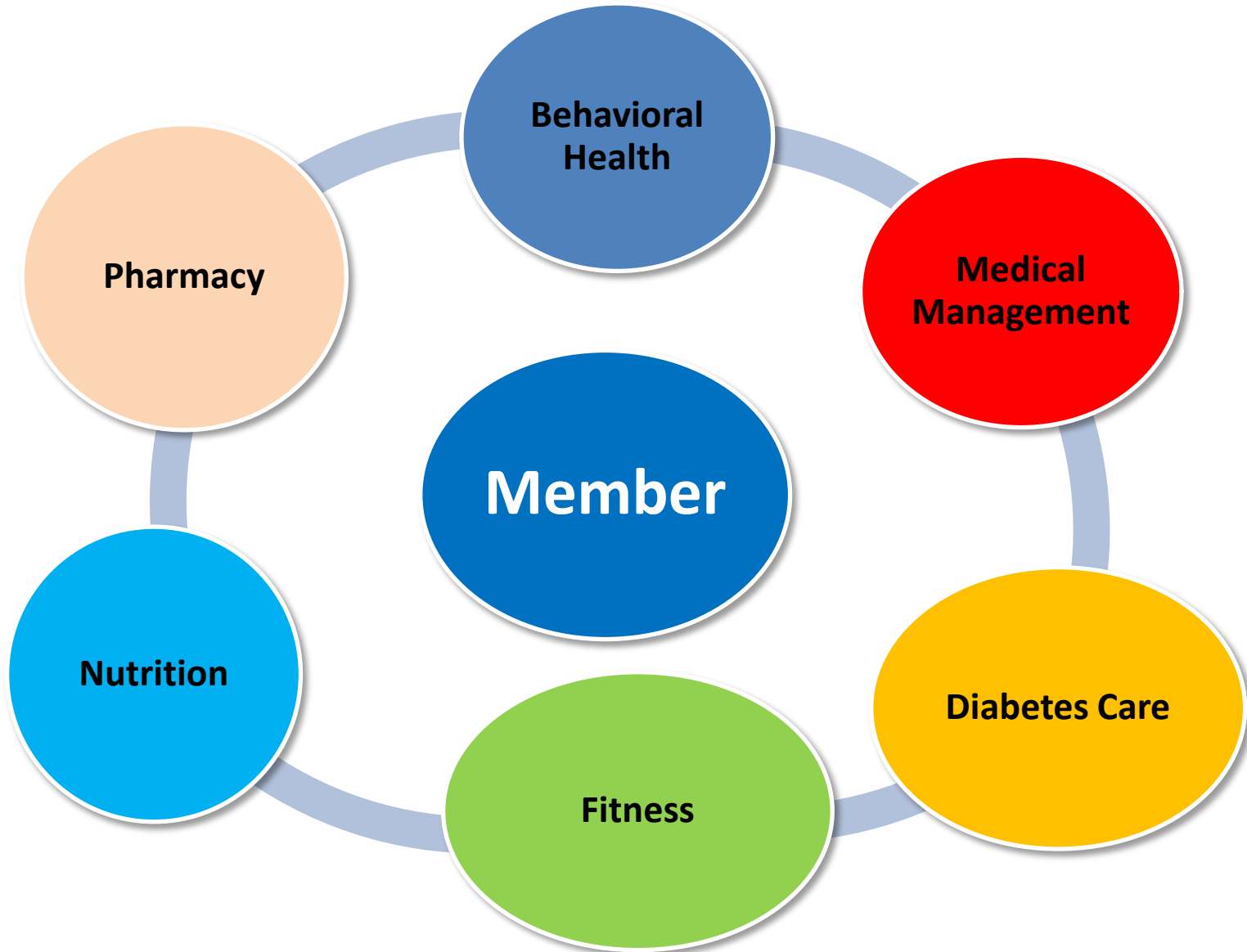
- Participation  Outcome
- Applied during Open Enrollment for the next Plan Year, prorated throughout 24 paychecks. Examples:
  - YWeight: up to \$400
  - Cardiac Program: \$144
  - Biggest Loser: up to \$500
  - Exercise Management: \$144
- Used for:
  - Reduce Medical Premiums
  - Reduce Dental Premiums
  - Placing in a Health Care Spending Account (FSA)

## Financial Outcome

- Average trend over the last three years is 1.7% still well below national annual average of 10% - 12%
- **4% Negative Trend:** Medical and Rx FY10 vs. FY11
  - 9.5% Reduction in chronic care spend
  - 22% Reduction-Inpatient Hospitalization
  - 11% Reduction –Emergency Room Plan Paid



# Integrated On-site Programs



# Depression Outcomes

## LAMP Results

### 1<sup>st</sup> Year

- **8% Decrease** in Pharmacy Claims for Antidepressants.
- **16% Decrease** in ER Visits related to Depression
- **17% Decrease** in Hospital Admissions related to Depression.
- **32% Decrease** in PMPY total costs related to Depression.

### 2<sup>nd</sup> Year

- **10% Decrease** in Emergency Room visits
- **5% Increase** in admissions outreach, early identification, case management, level of care
- **7% Decrease** in Total Per Member Per Year costs from previous year

Source: \* "Your Choice" D2  
Hawkeye

# LAMP's Tobacco Cessation Program

- Testing annually
- Stages of Change
- Addressing weight gain
- Cover Tobacco Cessation Aids
- 20% engage in the individual programs

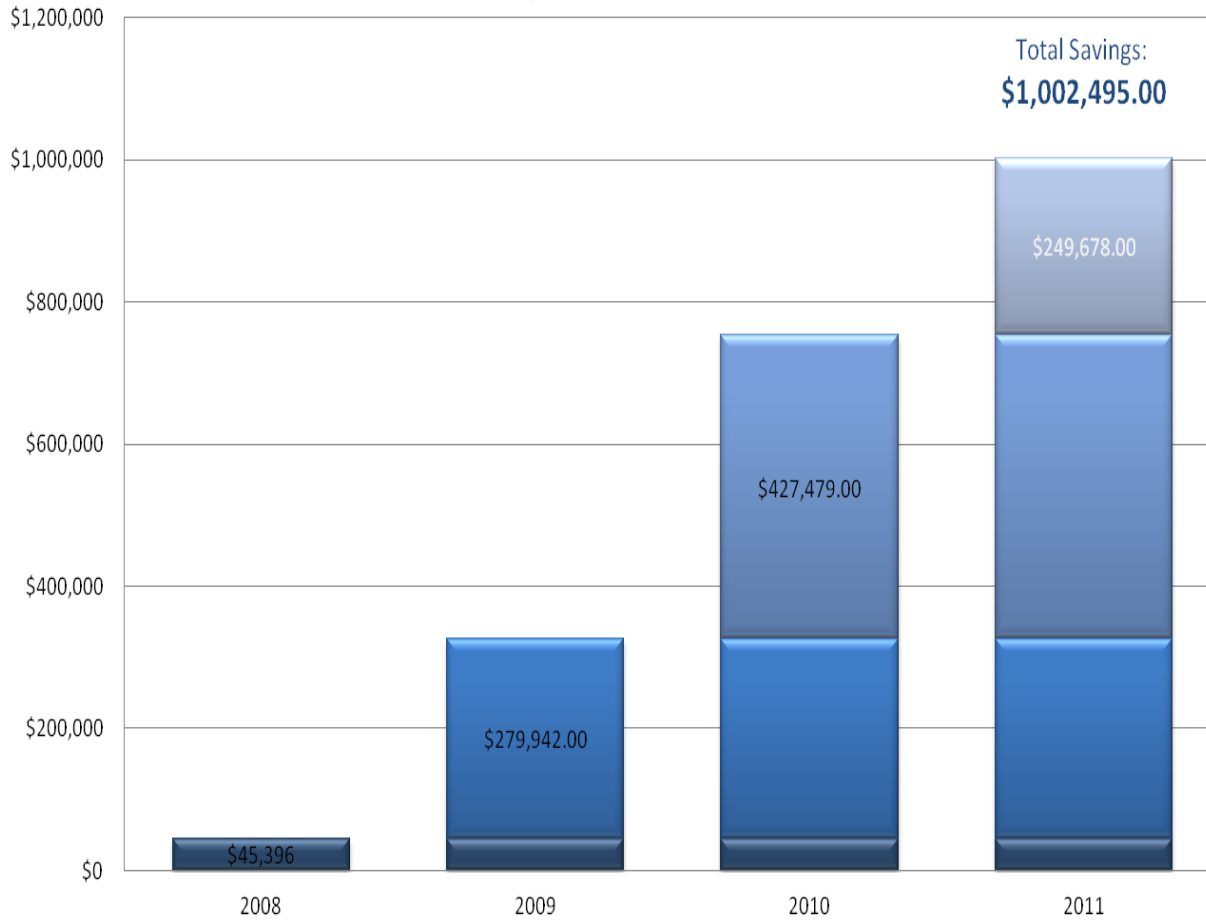
## Manatee Outcome

Adult **Employees** is now **13%** compared to the Florida Average of **20%**





## Manatee *YourChoice* Health Plan Yearly Savings: Members that Quit Tobacco 2008 - 2011 *Cumulative*



The CDC estimates employer savings of **\$3,783.00 PMPY\*** in direct and indirect costs for employees that discontinue tobacco

- Nicotine-free Savings 2011
- Nicotine-free Savings 2010
- Nicotine-free Savings 2009
- Nicotine-free Savings 2008

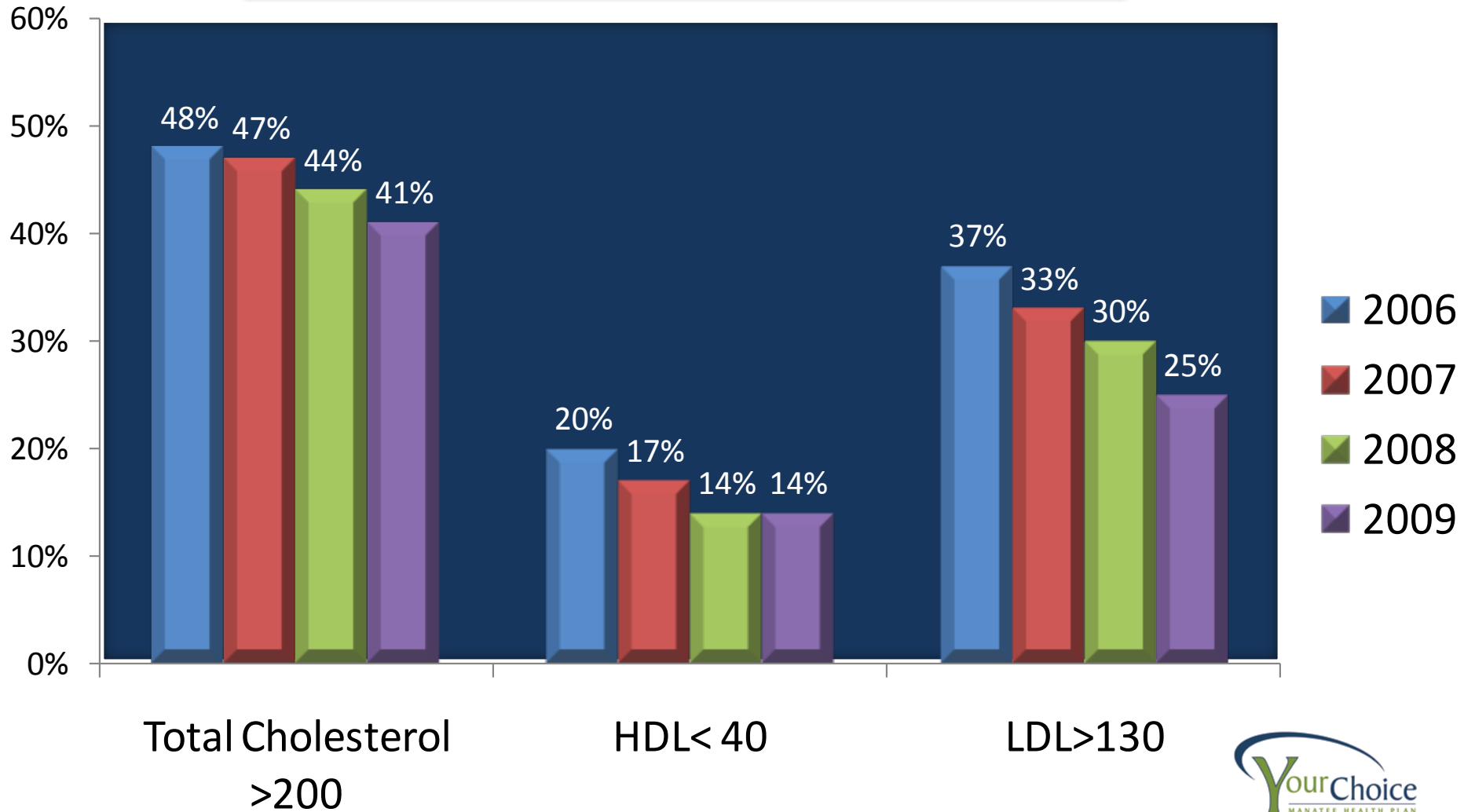
\* CDC - Annual smoking-attributable mortality, years of potential life, and economic costs. United States, 1995-99. *Morbidity and Mortality Weekly Report*.



# Cholesterol 4 Year Cohort (N=2009)

Source: Quest Diagnostics

Source: "Your Choice"  
Data from Quest  
Diagnostics



# Manatee's Diabetes Outcome

- Diabetes Hospitalization since 2005 has decreased annually from \$500,000 to \$70,000.
- 32% improved A1C value
- 17% improved BMI value
- 17% improved Blood Glucose w/in target range

Source: "Your Choice" Data from D2  
Hawkeye, Diabetes Care Program



# On-site Clinical Pharmacist Outcome

Financial Savings for 2010-2011.

**Total Plan Savings=\$284,231**

**Total Member Savings=\$32,499**

Source:

Move to Preferred Pharmacy

Select Tablet Splitting

Move to Generic

Compliance

Advocacy



# On-site Wellness and Fitness

- Group Exercise-18 different classes
- Fitness Center
- Personal training
- Stress Management Programs
- Nutritional Education
- Registered Dietician
- Competitive Weight Loss and Movement



# Manatee's Future

- Why does it work?
- Y Weight
- Incentives tied to Outcome only
- Outcome requirements for Plan Eligibility
- High Performing Physician Collaboration





# Your Choice

MANATEE HEALTH PLAN

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