healthdialog
Total population health. One person at a time.

FELRA UFCW

FELRA-UFCW
Health Coach 2018 Annual Report

February 2019

Executive Summary

Medical Cost Savings and ROI

- Health Dialog generated an estimated $677,221 in savings for an ROI of 1.5 : 1 in 2018

Engagement

- 1,427 Health Coach calls, 5,266 AutoDialog® calls and 13,753 mail items were delivered in 2018
- High engagement amongst members who are the focus of the Health Coach program:
  - Chronic Conditions – 86% Awareness, 14% Interactions, 10% Relationships
  - Preference Sensitive Conditions – 78% Awareness, 15% Interactions, 11% Relationships

Recommendation

- **Expanded high risk targeting** – Cost neutral program change to include members with high risk and high cost conditions not currently included in the program

MEDICAL COST SAVINGS AND ROI

Activity-Based Medical Cost Savings

Using an activity-based approach for measuring medical cost savings is the recommended methodology for the FELRA-UFCW population.

- Per recommendation of the Population Health Alliance, this is an appropriate methodology with the ability to measure savings on **population sizes below 30,000 individuals**.
- It offers the opportunity for an **integrated approach** to measuring cost savings among a broad section of population – individuals identified with a chronic, preference-sensitive, or expanded high risk.

Activity-Based Medical Cost Savings

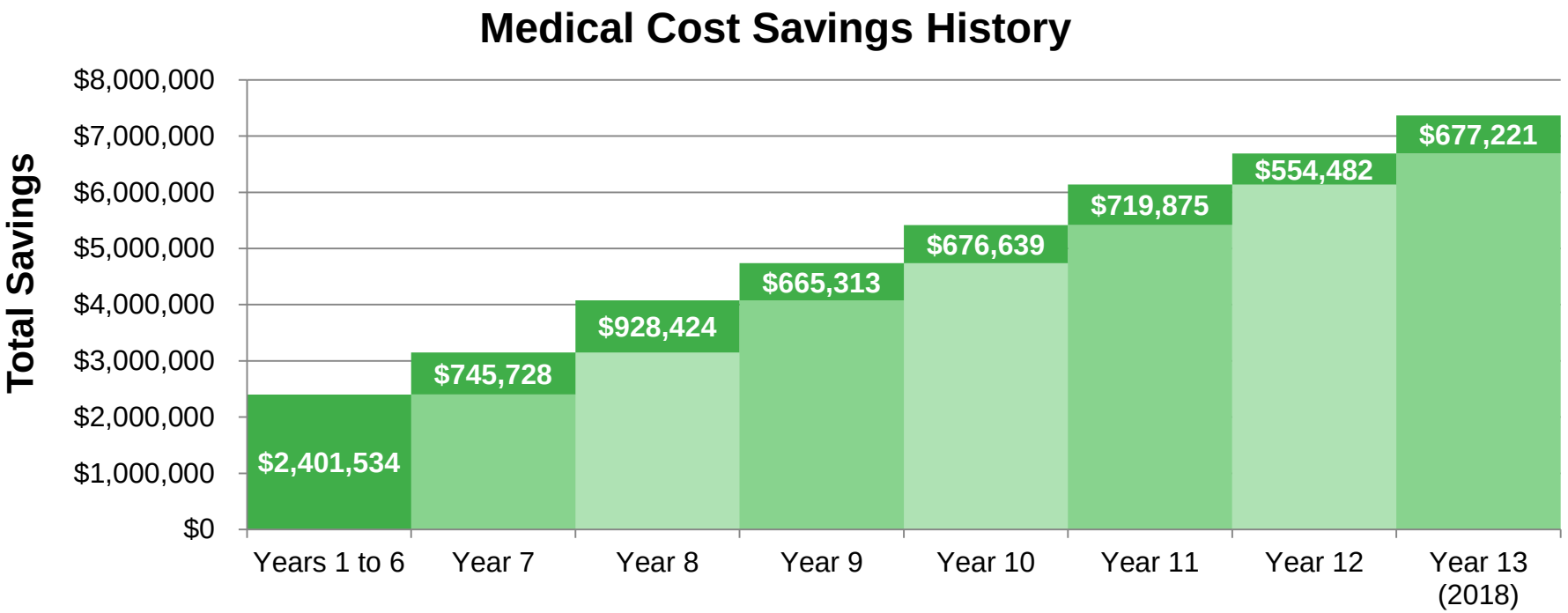
Total Eligible Individuals	18,544
Individuals with Interactions	1,013
Interaction Months	7,191
Medical Costs PMPM	$788
Est. % Savings per Interaction Month	12% (+/- 2%)
Estimated Savings	**$677,221**
Estimated Savings PMPM	**$3.24**
ROI	**1.5 : 1**

Medical cost savings are estimated based on:

- The mix of risk in the population
- Actual program activity

Activity-Based Medical Cost Savings

- Savings for program years 1 to 6 were calculated against a baseline before the program started and therefore capture savings for that entire time period
- Savings for program years 7 – 13 capture one year of savings and therefore are incremental on top of the savings generated in years 1 to 6.
- Through 2018, a total of over $7.3 million in savings has been generated

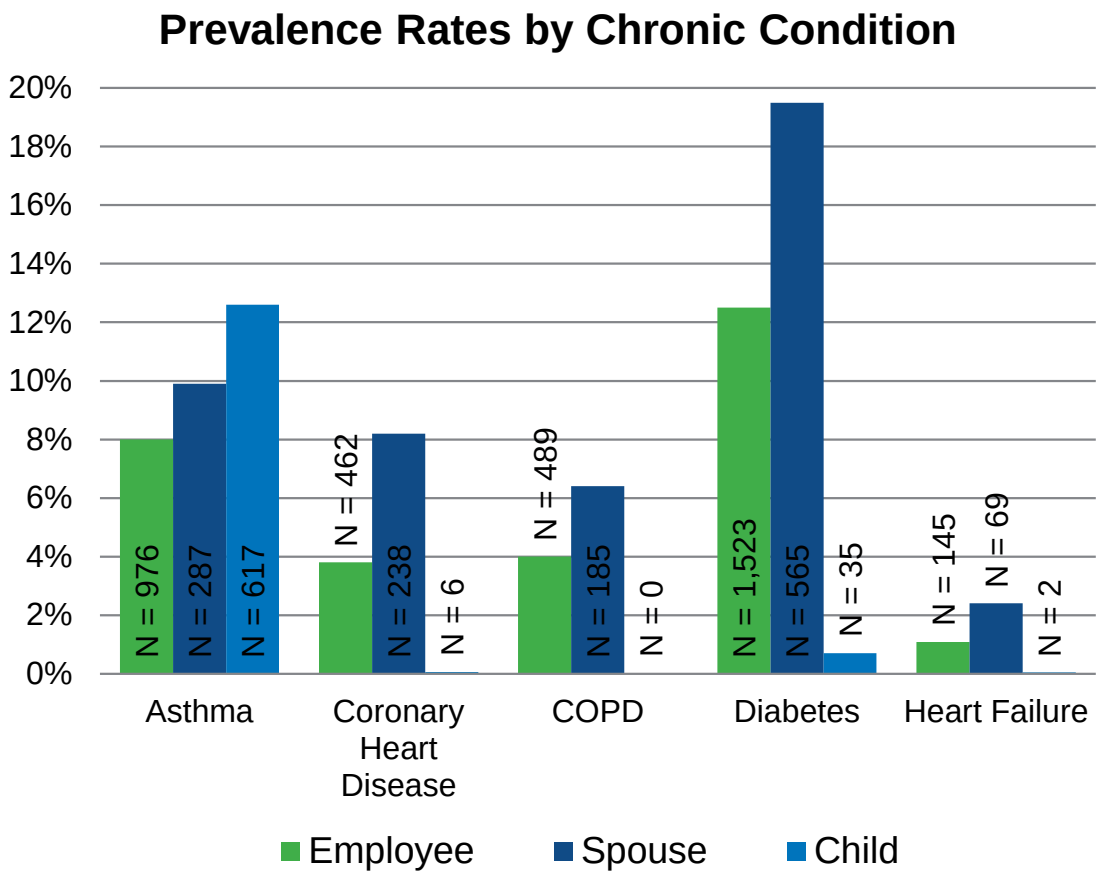


PREVALENCE AND ENGAGEMENT

Condition Prevalence
Chronic Conditions

Chronic Conditions

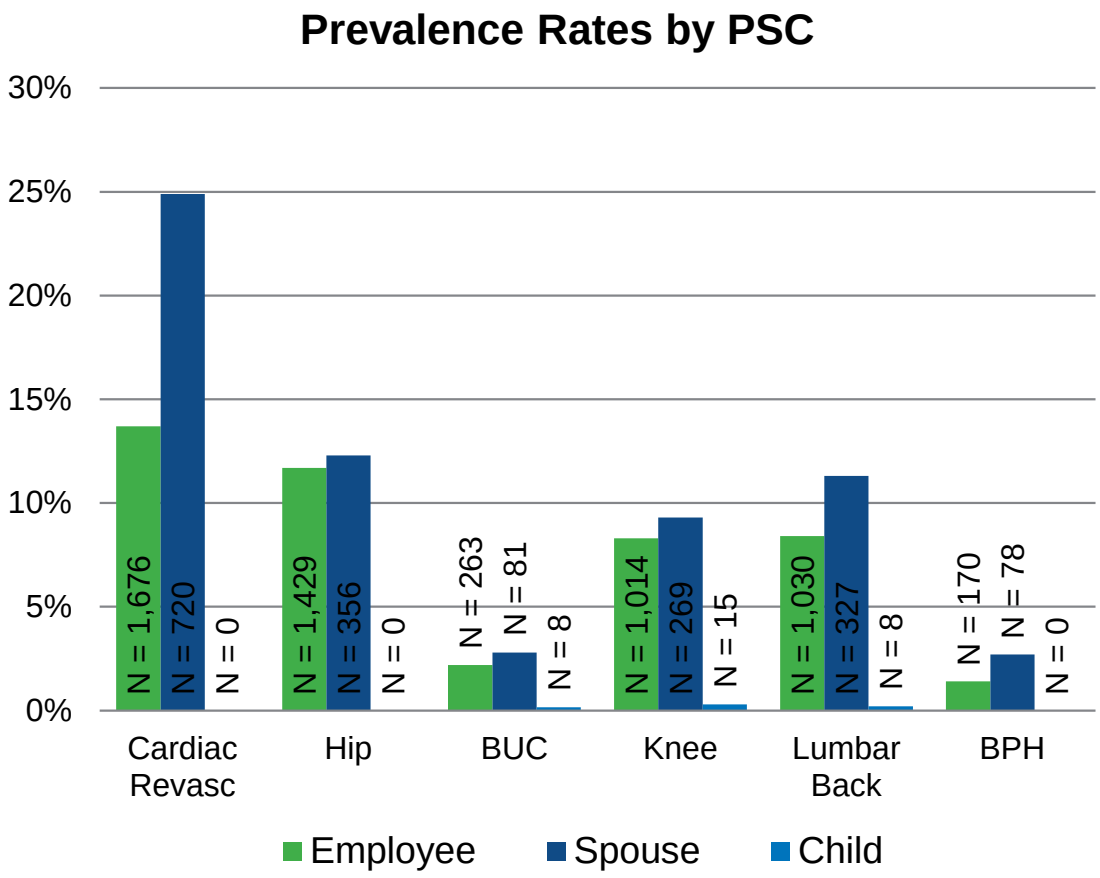
- Diabetes is the most prevalent chronic condition
- Diabetes rates for employees and spouses are above the national average of 8%
- Among adults, employees have lower chronic prevalence than spouses for all conditions



Condition Prevalence
Preference Sensitive Conditions

Preference-Sensitive Conditions (PSC)

- Cardiac catheterization has the highest risk
- All musculoskeletal conditions (hip, knee, lumbar back) have significant risk
- Employees have lower PSC risks than spouses for all conditions



2018 Outreach

- In 2018, Health Dialog delivered:

2018 Outreach

- The following page details the program's success at interacting with members with the five chronic conditions
- Each chronic condition is considered individually, so members with more than one condition are included in multiple chronic columns
- The far right column counts every unique individual once, including those without chronic conditions
- By targeting those with the highest financial risks, our Health Coaches have spoken with members who incurred 18% of the total medical cost spend in 2018
- 69% of people who are reached become engaged in a relationship with the program

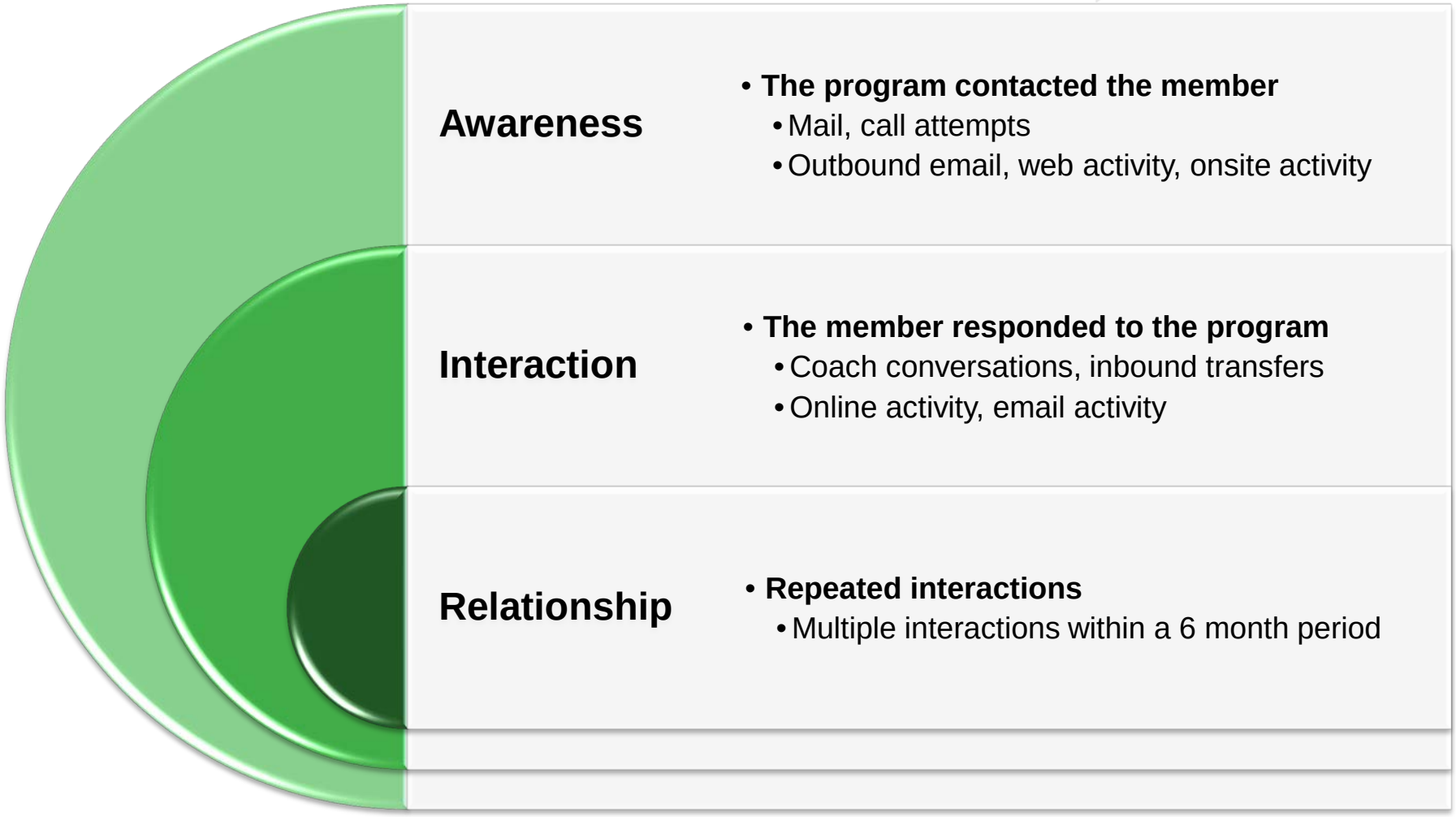
See Next Slide

2018 Outreach

	Chronic Conditions					All FELRA-UFCW Members
	Asthma	COPD	Diabetes	CHD	Heart Failure	
Members Identified with a Chronic Condition	1,882	674	2,123	706	216	4,286
Members Attempted via Telephonic Coaching	1,304	554	1,780	583	178	5,313
Reached	235	132	358	112	43	1,013
Opt Out	13	9	23	6	1	59
Engaged in a Relationship	158	90	279	90	27	694
Claims Dollars	$13,477,302	$9,353,890	$27,140,054	$12,987,279	$7,457,725	$89,498,292
Claims Dollars Reached	$2,945,222	$2,801,074	$6,978,017	$4,034,012	$2,206,721	$16,541,588
Total Medical Cost Savings	$677,221					

* Chronic categories are not mutually exclusive; members can have more than one chronic condition.

Measuring Engagement

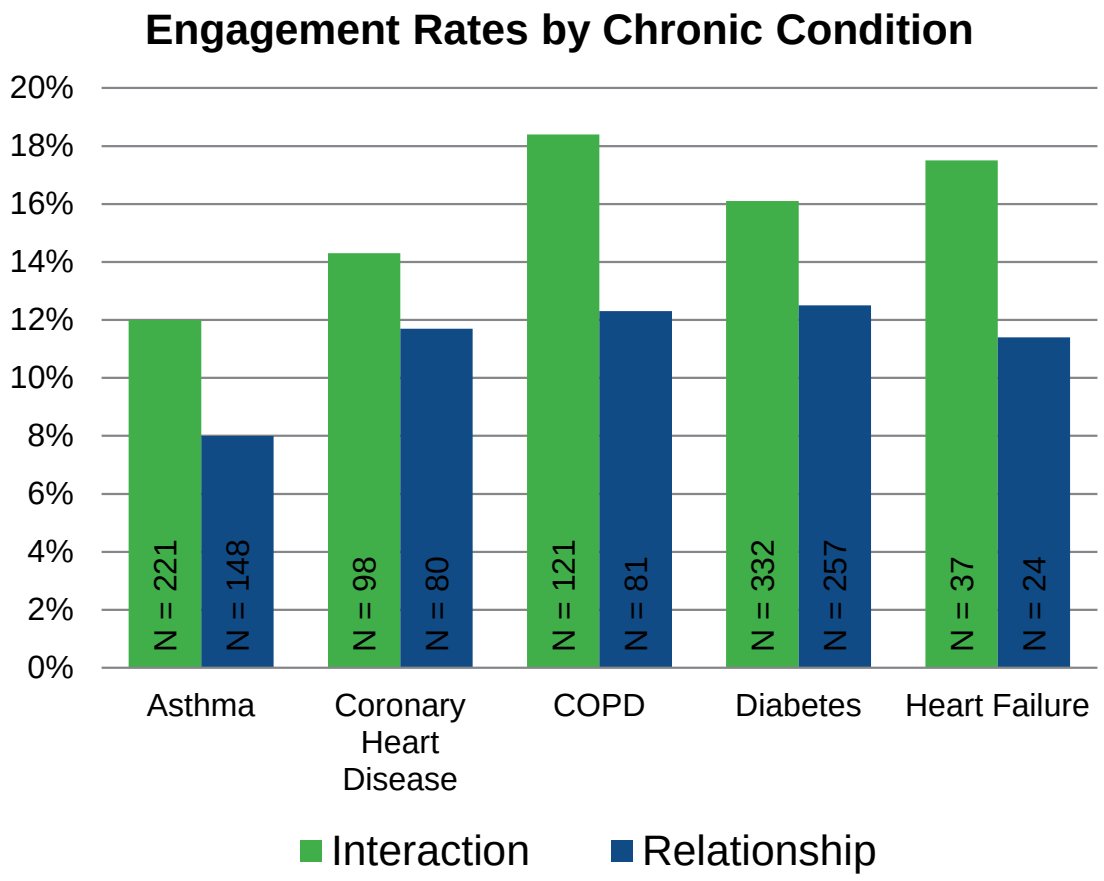


Program Engagement Chronic Conditions

Individuals with Chronic Conditions

In 2018 (Program Year 13):

- **86%** of the chronic population is aware of the program
- Through targeted outreach efforts, we interacted with **14%** of the chronic population
- Of those with interactions, **73% have relationships**

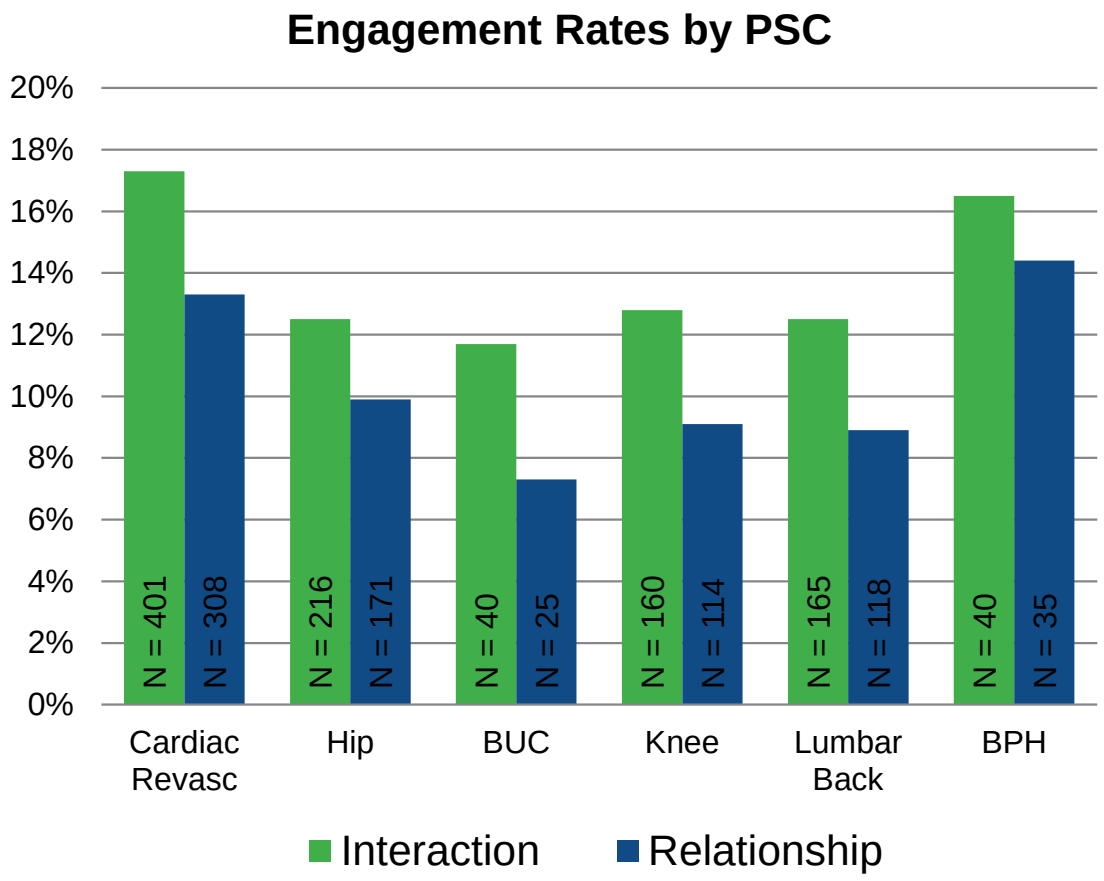


Program Engagement
Preference Sensitive Conditions

Individuals with Preference-Sensitive Conditions (PSC)

In 2018 (Program Year 13):

- **78%** of the PSC population is aware of the program
- Through targeted outreach efforts, we interacted with **15%** of the PSC population
- Of those with interactions, **73% have relationships**



RECOMMENDATION

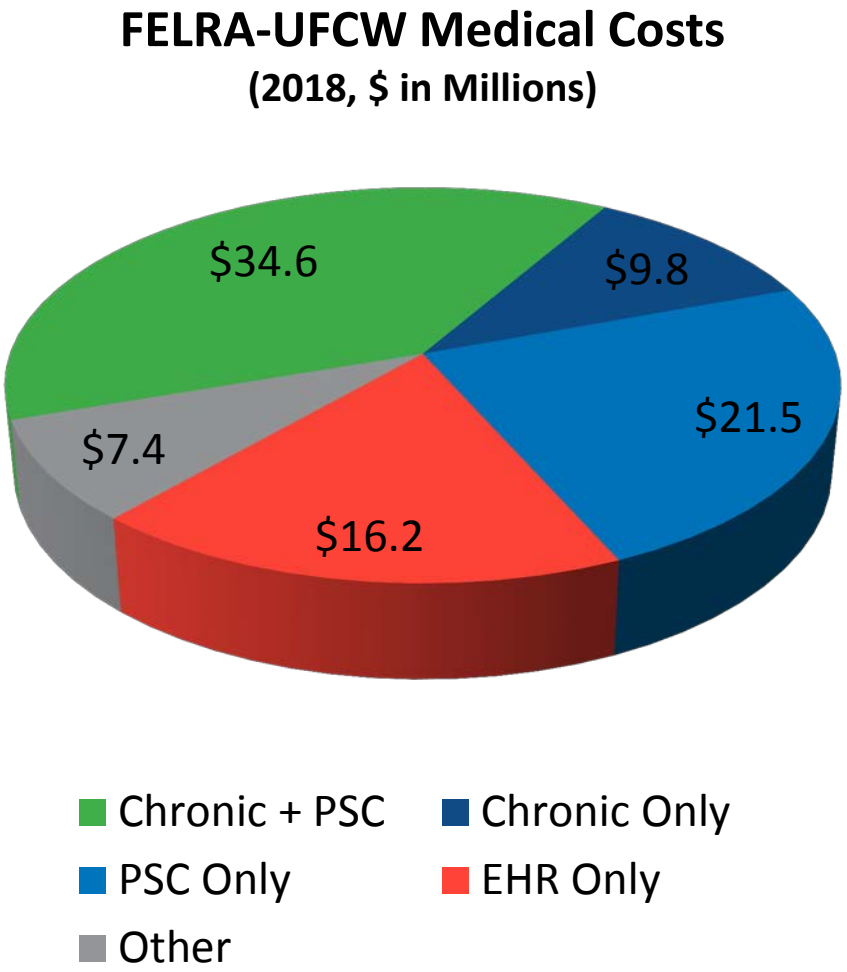
Recommendation

Incorporate Outreach Targeting Additional High Cost Conditions

Cost: At no cost to FELRA-UFCW, Health Dialog can include individuals with expanded high risk (EHR) conditions in the program

Benefits: The program would continue to target the highest risk members who have any of the targeted conditions

- Individuals with chronic, PSC, or expanded high risk conditions account for over 91% of your medical cost spend
- Additional medical cost savings can be realized by including these members in the program



Recommendation

Incorporate Outreach Targeting Additional High Cost Conditions

Proposed Change:

- The current program targets individuals with chronic or preference sensitive conditions
- Health Dialog has identified additional high risk and high cost conditions that can be targeted for intervention by a Health Coach
- Conditions targeted by expanded high risk outreach include:

• Abdominal Pain	• Chronic Kidney Disease	• Peptic Ulcer
• Anxiety	• Depression	• Rheumatoid Arthritis
• Aortic stent	• Fibromyalgia	• Sleep Apnea
• Cardiac Conditions	• GERD	• Spinal Stenosis
• Cancer	• Gout	• Stroke
• Chronic Fatigue	• Hypertension	• Urinary Incontinence
• Chronic Pain	• Migraine	

APPENDIX

Activity-Based Medical Cost Savings Background

- Health Dialog measured savings for its 15,000,000 commercial members using an appropriate claims-based savings method.
- This enabled us to develop a range of per program interaction savings estimates, 12% +/- 2%.
- Per interaction savings estimates were then applied to estimates of annual medical costs for members who interacted with the program within the FELRA-UFCW population.

Activity-Based Medical Cost Savings Process Steps

1. Divide members ever eligible during the 12 months spanning the measurement period into 8 mutually-exclusive cohorts:
   - Members with Chronic Condition(s), High Financial Risk, and an Elevated Risk for Surgery
   - Members with Chronic Condition(s) and High Financial Risk
   - Members with Chronic Condition(s) and an Elevated Risk for Surgery
   - Members with one or more Chronic Condition(s)
   - Members who have an Elevated Risk for Surgery
   - Members who have Expanded High Risk Condition(s)
   - Members who have Lifestyle Risk Condition(s)
   - Remaining population
2. Calculate interaction months for each member from the first month an eligible member meets the interaction criteria in the measurement period through all subsequent eligible member-months within the period.

Activity-Based Medical Cost Savings Process Steps

3. Calculate average cost per member per month (PMPM) for each of the first six mutually-exclusive cohorts. Average per member per month costs are derived from medical and pharmacy claims with service and paid dates occurring in the year prior to the measurement period.

4. Within each of the first six cohorts, multiply the average cost PMPM by the percent of medical costs saved per interaction member and the number of interaction months to produce the total estimated savings by cohort.

   - Estimated savings = average cost PMPM * percent saved per interaction member * interaction months

5. Sum the total savings for each of the first six mutually-exclusive cohorts and divide by the total number of eligible member-months within the population during the measurement period to produce savings per member per month.