Presenters:

- Moderator, Jim Hanson, Montgomery, OH
- Carey Adamson, Colonial Life
- Robert Bendzick, Olmsted County, MN
- John Sullivan, Anoka County, MN
Promote Wellness
Proven Techniques for Gaining ROI

Presented by:

Colonial Life

BRAVO Wellness
Objectives

- Assess the impact of outcomes-based wellness programs
- Discover the connection between employee engagement and wellness program success
Cost Management Strategies

Solutions for controlling benefit costs

Supplier Management
- Purchasing Co-ops
- Re-Bidding
- ESP Enrollment
- Shift BECs Expense
- Self-funding

Governance & Optimization
- Dependent Verification
- Benefit Waivers
- Plan Redesign
- Plan Restrictions
- Section 125

Cost Sharing
- Increase Deductibles
- Increase Co-pays
- Increase Premium
- Move Benefits to VB

Wellness
- Promote Healthy Behaviors
- Emphasize Preventive Treatment

Cost Savings

ESP: External Service Provider
BECs: Benefits Education and Communication
Wellness Programs

Focus on wellness

- Chronic diseases related to lifestyle account for 75% of national medical costs.\(^1\)
- Over the last five years:\(^2\)
  - Employers saw a 34% increase in healthcare spending.
  - Employees saw a 40% increase in contributions to healthcare.
- Prior to 2007, only participation could be rewarded.

\(^1\) [www.cdc.gov/chronicdisease/overview/index.htm](http://www.cdc.gov/chronicdisease/overview/index.htm)
## Cost Impact

### Do these issues really drive costs?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Impact Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>Annually an obese individual costs almost $1,100 more</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>An individual with hypertension costs almost $1,400 more</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>An individual with cardiovascular disease costs the US $3,614 more¹</td>
</tr>
<tr>
<td>Tobacco / Nicotine</td>
<td>An individual that uses tobacco products costs an average of $5,816 more²</td>
</tr>
<tr>
<td>Glucose</td>
<td>An individual with high glucose levels/diabetes costs over $1,600 more</td>
</tr>
</tbody>
</table>

### Source


1. [www.cdc.gov/chronicdisease/resources/publications/AAG/dhdsp.htm](http://www.cdc.gov/chronicdisease/resources/publications/AAG/dhdsp.htm) - 83 million US adults with cardiovascular disease contribute to the $300 billion annual healthcare costs.

2. [http://tobaccocontrol.bmj.com/content/early/2013/05/25/tobaccocontrol-2012-050888.abstract](http://tobaccocontrol.bmj.com/content/early/2013/05/25/tobaccocontrol-2012-050888.abstract) - Statistic is the sum of excess absenteeism, presenteeism, smoke breaks, and health care costs.
Wellness Programs

Health-Contingent Incentive Program

Meet Bill
BMI: 36
Height: 5’10”
Weight: 250
No medical issues

Meet Bob
BMI: 36
Height: 6’0”
Weight: 265
No medical issues
Wellness Programs

Defining success

Plan Design Goal:
BMI <30

Incentive: $50/month

Alternative Goal Offered:
- Telephonic Coaching
- Log pedometer steps
- Attend 3 Seminars

Resources Provided:
- Telephonic Coaching
- Lunch & Learn
- Health Plan
- Weight Watchers
- EAP (Employee Assistance Programs)
Wellness Programs

Not always a fair return

**Now Meet Bill**
BMI: 37
Height: 5’10”
Weight: 255
No medical issues

- Completed program requirements
- NO health improvement
- Gained FIVE pounds!

**Meet Bob**
BMI: 32.5
Height: 6’0”
Weight: 238
No medical issues

- Stopped drinking soda
- Started jogging every day
- Improved health
- Lost 27 pounds!

**Earned $50/month Discount**

**Did Not Receive Reward**
Outcomes-based Incentives

- Develop an approach that *inspires real behavior change* and *drives personal accountability* through progress and/or improvement goals.

- A reward or penalty is given based upon the outcome or result of a given measured criteria – decided by the employer.

- Establishing measurable corporate health screening goals that reward participants for achieving the goals fosters personal accountability and can help mitigate costs.

  - Screenings typically grade blood pressure, cholesterol, body mass index, glucose* and tobacco use.

*Glucose is currently under review by the proposed federal wellness rules.*
Outcomes-based Incentives

Behavioral change results in ROI

Average participation rate of 97%

Inspire behavior change and personal accountability

Potential to generate $100 - $300 per employee per year towards a surplus for wellness interventions
Outcomes-based Incentives

Employers planning to reward or penalize based on biometric outcomes

### Outcome-based Incentives

#### Savings Analysis for a Sample Group*

<table>
<thead>
<tr>
<th>Enrolled Employees</th>
<th>Total Annual Premium Cost</th>
<th>Savings From Change in Cost-Share</th>
<th>Cost of Program*</th>
<th>Immediate Net Employer Surplus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suggested Implementation (as shown)</strong></td>
<td>10,000</td>
<td>$100,000,000</td>
<td>$2,120,000</td>
<td>$1,120,000</td>
</tr>
<tr>
<td>1,000</td>
<td>$10,000,000</td>
<td>$212,000</td>
<td>$112,000</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

- Cost of program includes biometric screenings, lab processing, nicotine testing, as well as implementation and administration fees.
- The surplus ($1,000,000 or $100,000) can be used to fund additional health intervention tools, coaching and outreach.

*Sample shown for illustrative purposes only. Actual results may vary.
Increasing Success

- Lack of **clear communication** when the program is implemented.
- Inadequate **education** for employees about resources.
- Lack of **proper incentives** to encourage engagement.
- An assumption that programs are only **meant for individuals with existing conditions**.  

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Only 23% of employers who measure the impact of their wellness program are satisfied with their current approach.  

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6Virgin Healthmiles, Inc. - 2011 National Employee Wellness Employer Survey.
7Towers Watson, Boosting Wellness Participation without Breaking the Bank, July 2010
While 57 percent of employers believe their employees have a good understanding of the health and wellness programs offered and how to participate, only 41 percent of employees said the same.

Only half of respondents said they knew how to participate, while the other half had either some understanding or none at all.

Consistent, personal communication about the overall benefits package and importance of wellness.

Encouragement for employees to utilize your programs during their benefits enrollment.

Create Awareness

Educate employees to increase participation

- **58 percent** of employers report low employee engagement as the biggest obstacle to changing their employees health risk behavior.

- Low engagement means employees aren’t getting their physicals or participating in wellness initiatives or health risk assessments.

- When employees know about their wellness programs, they consistently report a keen interest in these benefits.

- Engagement that supports the image and perception of your wellness initiative for new and existing employees.

*Colonial Life-Harris Interactive Quick Query, June 28-July 2, 2012.*
Utilization Produces Results

Healthier employees are more engaged and produce better business results for their employer:

- Organizations with top quartile engagement scores averaged 12% higher profitability than those with below average engagement.
- Companies with most engaged workforces were:
  - 27% more likely to report higher profitability
  - 50% more likely to have lower staff turnover
  - 38% more likely to have above average productivity

Yet healthcare costs continue to grow – trend of 5.9% expected.

1 Aon Hewitt, Health Care Strategy After the 2012 Elections (Nov 2012)
Spouse Engagement

Include the spouse for greater return

% of high-risk employees who are lower risk in next screening

- Hypertension: 55.5% (Not Engaged) vs. 70.9% (Engaged)
- High LDL cholesterol: 42.3% (Not Engaged) vs. 53.2% (Engaged)
- Diabetes: 26.8% (Not Engaged) vs. 33.7% (Engaged)
- Nicotine: 7.9% (Not Engaged) vs. 7.0% (Engaged)
- Obesity: 6.5% (Not Engaged) vs. 9.8% (Engaged)
Case Study

The Challenge

- Multi-location supermarket chain facing double-digit percentage premium increase on its health insurance plan.

- Language barriers and difficulty helping workforce understand workings of health care system and company health insurance.
1-to-1 counseling sessions increase engagement and allowed employees to learn and ask questions about benefits and the new wellness initiative in their preferred languages.

The wellness initiative helped get the health care plan to an operating level well under its target premium.

Throughout the course of the enrollment process, significant savings were identified through verification and correction of personnel and dependent enrollment data.
Changing Wellness

It’s about results

YEAR ONE: HRA participation and baseline biometric screening, impacting full premium ($200+/mo.)

YEAR TWO: HRA participation and modified biometric goals with outcome-based incentives (added $50/mo.)

YEAR THREE: HRA participation and tighter biometric goals with progress goals included.

After only one year of applying the outcomes-based model, Southwest General saw a dramatic slowing in the increase in claims. Claims increased by 16% in the initial (participation-based) year, yet by only 1% from year 2 to 3.
It’s about results

- Workers’ compensation expenses have been reduced by two-thirds.
- Elimination of activity impact on healthcare costs while maintaining high participation in health activities and programs.
- Decrease of almost 50% of participants with more than 1 risk factor.
- High program impact - Obese participants lowered from 37.2% to 31.2%. High LDL cholesterol has had a relative decrease of more than 50%. High blood pressure has gone down 80% amongst Graco participants.
Changing Wellness

Graco’s medical and pharmacy trends

Per Member Per Month

- **Employee**
  - 2008: $320.00
  - 2009: $320.00
  - 2010: $311.00
  - 2011: $311.00
  - 2012: $328.00

- **Spouse**
  - 2008: $426.00
  - 2009: $320.00
  - 2010: $529.00
  - 2011: $564.00
  - 2012: $564.00

- **Child**
  - 2008: $189.00
  - 2009: $193.00
  - 2010: $215.00
  - 2011: $215.00
  - 2012: $193.00
### Changing Wellness

#### Graco’s financial impact

<table>
<thead>
<tr>
<th>Measure</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Incident Rate</td>
<td>5.71</td>
<td>3.77</td>
<td>4.24</td>
<td>3.63</td>
<td>3.60</td>
<td></td>
</tr>
<tr>
<td>Workers’ Compensation Expense</td>
<td>$452,000</td>
<td>$273,000</td>
<td>$345,000</td>
<td>$145,000</td>
<td>$124,000</td>
<td>$921,000</td>
</tr>
<tr>
<td>WC Expense Reduction (from 2008 baseline)</td>
<td>$179,000</td>
<td>$107,000</td>
<td>$307,000</td>
<td>$328,000</td>
<td>$921,000</td>
<td>$921,000</td>
</tr>
</tbody>
</table>

#### Total financial impact on medical/pharmacy trend and workers’ compensation expense

<table>
<thead>
<tr>
<th>Measure</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med-Pharm Claims</td>
<td>-$265,015</td>
<td>$1,243,604</td>
<td>$1,623,789</td>
<td>$1,569,109</td>
<td>$4,171,487</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>$179,000</td>
<td>$107,000</td>
<td>$307,000</td>
<td>$328,000</td>
<td>$921,000</td>
</tr>
<tr>
<td>Total Financial Impact</td>
<td>-$86,015</td>
<td>$1,350,604</td>
<td>$1,930,789</td>
<td>$1,897,109</td>
<td>$5,092,487</td>
</tr>
</tbody>
</table>

Med-Pharm claims show cost avoidance assuming employees' health care costs would have trended at the same rate as spouses without a wellness program.
Wellness Programs

Based on your experience would you recommend establishing & promoting wellness programs to other Public Sector organizations?

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely to recommend</td>
<td>65%</td>
</tr>
<tr>
<td>Somewhat likely to recommend</td>
<td>25%</td>
</tr>
<tr>
<td>Neutral</td>
<td>10%</td>
</tr>
<tr>
<td>Unlikely</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: GFOA-Colonial Life 2011
Biometric evaluations, claims analysis, and employee surveys are all helpful for assessing your employee population.

Know the metrics you will monitor.

Cash payments, vacation days, or reduced insurance premiums are great incentives for encouraging healthy behavior.

Non-monetary incentives such as public recognition and interdepartmental competitions can also be used.

Continuous workplace education and communication ensure momentum and keep the programs top-of-mind with employees.

Stick with it, results may not be immediate.
Background on Olmsted County

• 8th largest county in Minnesota
• Population of 150,000
• County workforce of 1,105 FTEs
• Home to Mayo Clinic, one of the nation’s preeminent healthcare providers
• Only two medical care networks in the County
Background on our health plan - 1

- We’ve been self-insured for about 25 years.
- We use a third party administrator for claims adjudication and advice.
- We use Deloitte Consulting and Mercer for plan check-ups every 2 or 3 years to be sure we are still on track.
- We buy aggregate and individual stop-loss insurance.
Background on our health plan - 2

• We have approximately:
  • 2,000 covered lives
  • 1,200 adults in the plan
  • 881 employees participate in the plan.
• We are an older workgroup averaging 46 years old.
• Employees pay 10% of the premium for their personal coverage.
• Family coverage costs 25% of the premium.
• We have a good plan but not the best in the area.
Background on our health plan - 3

• We can’t walk away from our health plan.
  • Minnesota law requires us to provide health care coverage.
  • Minnesota has a law that won’t allow us to reduce the “aggregate value of the plan.”
• We wouldn’t be competitive in our labor market without a good health plan.
Background on our health plan - 4

• The Employer share of our premiums for full family coverage equals about 80% of the wage of an entry level, basic skills employee.
• The Employer share of premiums equals 14% of total compensation expense.
• The Employer share of premiums equals 6.6% of total governmental operations expense.
• Yeah – it’s gotten to where it doesn’t make any sense.
• Yeah – it’s eating us alive. (is there a cure for that?)
• Can we afford the cure?
How many Health Plan Members does it take to Screw in a Light Bulb?
Answer? –
Only one if you could get them to pay attention.
What Have We Done to Control Costs?

- Tinkered with the plan design
  - Co-pays, mail order drugs, emergency room usage, adopted a drug formulary, competitive provider premium pricing, Medication Therapy Management sessions, Centers of Excellence requirements for some treatments, etc
- Considered and rejected high-deductible plan design
- Created a Wellness Initiative
What Have We Done to Control Costs?

Let’s talk about the Wellness Initiative:
• We have two staff in the wellness initiative for about 2000 plan members.
• One is the Care Manager and she is an RN. This position can offer current savings.
• The other is a Health Educator. This is to teach long-term behavior change.
• We think it’s a one-two punch.
What Have We Done to Control Costs?

Let’s talk about the Wellness Initiative:

• The Nurse Care Manager is available to help manage hospital discharge plans.
• The Nurse Care Manager has drop-in blood pressure and blood sugar testing office hours to assist people in managing problem numbers or to sometimes discover troublesome numbers.
• The Health Educator plans and executes longer term behavioral change activities.
What Have We Done to Control Costs?

Let’s talk about the Wellness Initiative:

• We have a couple weight loss programs with one being a heavy-duty version with assigned personal trainer, a dietitian, and a wellness coach. Participants have to meet certain requirements to qualify, a high BMI and some co-morbidities. The members lose on average 40 pounds in the part year session. We charge a subsidized amount to participate. We save more than the program costs in lowered medications for the participants.
What Have We Done to Control Costs?

Let’s talk about the Wellness Initiative – I’ve been asked to emphasize what we are doing with what we call “Know Your Numbers:”

• We have gradually worked toward a program where members earn incentives for “Know Your Numbers.”

• Research has indicated that 75% of health care costs originate with life style choices.
What Have We Done to Control Costs?

If you have accidents with your car because you are a bad driver, your car insurance will cost more.

If you use your body badly, shouldn’t your health insurance cost more?
Know Your Numbers

In prior years we learned through self-reported numbers that:

Our main medical issues are:

- Blood Pressure
- LDL Cholesterol
- Body Mass Index (BMI)

Lifestyle behaviors that most commonly put us at risk are:

- Tobacco use
- Poor Nutrition
- Lack of Exercise
Know Your Numbers

Our Plan now has a $800 deductible.

You can earn up to 2 $250 incentives to reduce your deductible by:

1) Passing a Nicotine screening showing no nicotine.
2) Entering your Numbers into the Wellness Website.
3) (In the 2014 participating in the screening for LDL Cholesterol, Blood Sugar, and Blood Pressure)
Know Your Numbers

We have engaged a company that conducts on-site clinics where in 15 to 20 minutes you and your spouse (if on the plan) have blood drawn, are weighed, measured for height, measured for body fat content and offered a small breakfast.

At that clinic, when you leave you know your Total Cholesterol, Triglycerides, LDL, BP, Blood Sugar, and BMI. You “Know Your Numbers.”
Know Your Numbers

We have found people that did not know they had disastrously high blood pressure, were diabetic, or were dangerously high in cholesterol.

We are a long-term employer. We think that in the long term we will see the benefit of this work through healthier and more productive employees. People that do not feel well do not work well.
Know Your Numbers

We are working toward earning the incentives by showing that Nicotine, LDL Cholesterol, Blood Sugar, and Blood Pressure are at appropriate levels or are being treated.

We will be requiring control at levels where the person is at grave risk. We hope plan members will seek help at lower levels.
Blood Glucose (Sugar)

<table>
<thead>
<tr>
<th>Category</th>
<th>Fasting Blood Sugar (mg/dL)</th>
<th>A1C (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>99 or below</td>
<td>About 5</td>
</tr>
<tr>
<td>Pre-diabetes</td>
<td>100-125</td>
<td>5.7 to 6.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>126 or above</td>
<td>6.5 or above</td>
</tr>
</tbody>
</table>

Categories defined by National Diabetes Information Clearinghouse (NDIC)

Deductible Incentive, Fall 2014
- Fasting Blood sugar below 126 mg/dL
# Blood Pressure

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic mm Hg (upper #)</th>
<th>and</th>
<th>Diastolic mm Hg (lower #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>less than 120</td>
<td>and</td>
<td>less than 80</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120 – 139</td>
<td>or</td>
<td>80 – 89</td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 1</td>
<td>140 – 159</td>
<td>or</td>
<td>90 – 99</td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 2</td>
<td>160 or higher</td>
<td>or</td>
<td>100 or higher</td>
</tr>
<tr>
<td>Hypertensive Crisis (Emergency care needed)</td>
<td>Higher than 180</td>
<td>or</td>
<td>Higher than 110</td>
</tr>
</tbody>
</table>

*Categories defined by American Heart Association*

**Deductible Incentive, Fall 2014**

Blood pressure <160/<100 mm Hg
## Low Density Lipoprotein (LDL)

<table>
<thead>
<tr>
<th>LDL Cholesterol Level (mg/dL)</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100</td>
<td>Optimal</td>
</tr>
<tr>
<td>100-129</td>
<td>Near optimal/above optimal</td>
</tr>
<tr>
<td>130-159</td>
<td>Borderline high</td>
</tr>
<tr>
<td>160-189</td>
<td>High</td>
</tr>
<tr>
<td>≥ 190</td>
<td>Very high</td>
</tr>
</tbody>
</table>

*Categories defined by National Cholesterol Education Program*

**Deductible Incentive, Fall 2014**

LDL level below 160 mg/dL
Know Your Numbers

We are pleased with how this is phasing in. For this plan year out of 881 employees and 340 spouses in the plan we had only:

- 100 people who failed the nicotine test.
- 100 people who did not provide their numbers.

Bonus – 20 tobacco users enrolled in tobacco cessation programs.
Know Your Numbers

We have:

• Marketed, Marketed, Marketed.
• Presented until we were hoarse.
• Explained countless times that “Yes you were told and notified.”
• Some members that think this is intrusive.
Know Your Numbers

Why do we do it?

• Nothing else has worked well enough.
• We think that high-deductible plans encourage some plan members to make foolish choices.
• High-deductible plans with tax free savings plans won’t escape the Cadillac Tax under the ACA.
• The only other option seems to be rationing of care for our fellow employees.
Know Your Numbers

Is it working?
• We don’t know.
• Our plan costs have not escalated more rapidly than in the past. (we worried that finding health problems would escalate costs.)
• We know that our heavy-duty weight loss program more than pays for itself.
• We think this will work too if we are allowed the time to let it work.
• Avoided strokes and diabetes should save the plan money.
The Most Important Approaches to Cutting Health-Care Costs

JOHN SULLIVAN
Director, Central Services
County of Anoka
Agenda

- Why an On-Site Clinic?
- Process
- Funding of the Clinic
- Tour of the Clinic
- Results
- What’s next?
Why On-Site Clinic?
1758 Contracts  F – 1108  M – 650

Average Years of Service: 13 Years

Average Age  F – 47  M – 45

Total Members: 4,805
HRA Regional (280)

HRA Open (716)

100% -$20 Co-Pay (762)
Why On-Site Clinic?

Albert Einstein’s definition of insanity:

Doing the same thing over and over again and expecting different results.
Why On-Site Clinic?

Why do people dislike going to a clinic?
Why On-Site Clinic?
Why On-Site Clinic?
Why On-Site Clinic?
Process

Data Collections
- Diagnosis
- Provider
- Rx
- Lab
- Specialty
- Cost
- FTO

Identify employee motivation
- Trust
- Cost
- Convenience
- Quality of care
- Reliability
- Expectation

Determine costs/drivers
- Admin cost
- Supplies
- Lab
- Rx
- Level of Service
- Build-out

Develop Plan
- Who can use
- Costs
- Hours
- Level and types of Services
- Build-out
- Training
- Build trust
Process

Reviewed

DATA
Identify the needs/wants of the staff and delivery of appropriate services.
Process

Cost Drivers
Process

PLAN

What services do we provide?
## What level of care do we provide?

### Acute Care
- Cold and Flu
- Infections
- Sprains
- Lacerations
- Joint Pain
- Allergies

### Preventive Care
- Vaccinations
- Flu Shots
- Physicals and Screenings
- Women’s Health

### Chronic Disease Management
- Treatment
  - Joint Pain
  - Lab Work
- Education and Counseling for
  - Diabetes;
  - Hypertension
  - Asthma

### Occupational Health
- Drug testing
- Worker’s Comp
- Accident Triage
- Physicals
Who can use the clinic?

We wanted to allow all employees to use the clinic.
What hours of operation to provide?

Consideration – Hours of operations

Many of our operations are 24 / 7 / 365

**M, W, & F**

8:30 am to 5:00 pm

**T & Th**

7:30 am to 4:00 pm
How Did We Fund It?
How Did We Fund It?

RFP → Well@Work
How Did We Fund It?

Why would the carrier pay for the Clinic build cost?

- Captive Patients
- New Clients for their network
How Did We Fund It?

Carrier Paid for the Build cost

Bill through insurance for 1st year

2nd year, Self Fund, if cost effective
THERE IS NO FREE LUNCH

Could have lowered premium cost

Carrier added the cost into the premium

Above concerns are valid argument

Captive Patients

New Clients for their net-work

Received Lower Premiums
Tour of the Clinic
Tour of the Clinic
Tour of the Clinic
Tour of the Clinic
Tour of the Clinic

[Images of clinic rooms and a floor plan showing Expansion Area]
Tour of the Clinic
Results

- Anoka County Well @ Work clinic opened in May, 2011 and has had 6,848 patient visits (as of 12-31-2013).
Results

Estimated County savings from the clinic:

- $700,000 to $1,047,265
  - Using average visit cost of $200 to $250
Results

- Estimated production hours savings
  - 10,000+ hours
Results

- Estimated employees co-pay savings
  - $170,000+
    - based on co-pay and high deductible costs.
Results

- **Medical** $74.32 (76.6%)
- **Misc.** $4.32 (4.5%)
- **Rx** $6.69 (6.9%)
- **Lab** $5.02 (5.2%)
- **Supplies** $6.72 (6.9%)
Results

Average Cost per Rx = $18.73

- Acute: 593 (58%)
- Seasonal: 322 (31%)
- Chronic: 111 (11%)
Results

Top Diagnosis

- Allergy: 12.6%
- Ear Pain: 15.2%
- Upper Respiratory Infection: 14.8%
- Skin Condition: 17.4%
- Cough / Wheezing: 11.3%
- Musculoskeletal: 9.2%
- Hypertension: 7.8%
- Conjunctivitis: 6.5%
- Cardio / Chest Pain: 5.2%
Results
## 2013 Results

<table>
<thead>
<tr>
<th>Month</th>
<th>Visits</th>
<th>Medical</th>
<th>Admin</th>
<th>Supplies</th>
<th>Lab</th>
<th>Rx Admin</th>
<th>RX</th>
<th>Misc.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>304</td>
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<tr>
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</tr>
<tr>
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<tr>
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<td>229</td>
<td>$17,316</td>
<td>$322</td>
<td>$1,541</td>
<td>$1,094</td>
<td>$189</td>
<td>$1,711</td>
<td>-</td>
<td>$22,172</td>
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<tr>
<td>May</td>
<td>204</td>
<td>$16,818</td>
<td>$372</td>
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<td>$1,671</td>
<td>$188</td>
<td>$735</td>
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<td>$25,404</td>
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<tr>
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<td>185</td>
<td>$18,000</td>
<td>$345</td>
<td>$2,166</td>
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<td>Jul</td>
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<td>$17,316</td>
<td>$300</td>
<td>$740</td>
<td>$597</td>
<td>$187</td>
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<td>Aug</td>
<td>226</td>
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<td>$345</td>
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<td>$206</td>
<td>$1,731</td>
<td>$540</td>
<td>$23,222</td>
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<td>$18,000</td>
<td>$410</td>
<td>$2,143</td>
<td>$807</td>
<td>$198</td>
<td>$1,830</td>
<td>$414</td>
<td>$23,802</td>
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<tr>
<td>TOTAL</td>
<td>2872</td>
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<td>$4,079</td>
<td>$19,288</td>
<td>$14,420</td>
<td>$2,128</td>
<td>$17,089</td>
<td>$8,341</td>
<td>$278,793</td>
</tr>
<tr>
<td>AVERAGE</td>
<td>261</td>
<td>$74.32</td>
<td>$1.42</td>
<td>$6.72</td>
<td>$5.02</td>
<td>$0.74</td>
<td>$5.95</td>
<td>$2.90</td>
<td>$97.07</td>
</tr>
</tbody>
</table>

**As of December 31, 2013**
### 2013 Results

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Visits</td>
<td>2,872</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$278,793</td>
</tr>
<tr>
<td>Average Cost</td>
<td>$97.07</td>
</tr>
</tbody>
</table>
### MyChart - Account Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Payments</th>
<th>Insurance</th>
<th>Patient</th>
<th>Adjustments</th>
<th>Balance</th>
<th>Balance</th>
</tr>
</thead>
</table>

**Patient:**

<table>
<thead>
<tr>
<th>Account #</th>
<th>Visit on 2013 at RAMSEY AMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC W/DIFF</td>
<td>$34.00</td>
</tr>
<tr>
<td>VENIPUNCTURE</td>
<td>$17.00</td>
</tr>
<tr>
<td>OFFICE/OUTPT VISIT EST PT LEVL 4</td>
<td>$214.00</td>
</tr>
<tr>
<td>MEDICA Payments and Adjustment</td>
<td>$(245.00)</td>
</tr>
<tr>
<td>CO-PAY PAYMENT</td>
<td>$265.00</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$265.00</td>
</tr>
<tr>
<td>Outlining Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Patient:**

<table>
<thead>
<tr>
<th>Account #</th>
<th>Visit on 2013 at RAMSEY AMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD XR CHEST 2 VIEWS PA AND LATERAL</td>
<td>$81.00</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$81.00</td>
</tr>
</tbody>
</table>

**Patient:**

<table>
<thead>
<tr>
<th>Account #</th>
<th>Visit on 2013 at RAMSEY AMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE/OUTPT VISIT EST PT LEVL 4</td>
<td>$214.00</td>
</tr>
<tr>
<td>CO-PAY PAYMENT</td>
<td>$214.00</td>
</tr>
</tbody>
</table>

**Unapplied Payment**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Payments</th>
<th>Insurance</th>
<th>Patient</th>
<th>Adjustments</th>
<th>Balance</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10/2013</td>
<td>CO-PAY PAYMENT</td>
<td>$(20.00)</td>
<td>$(20.00)</td>
<td>$ -</td>
<td>$(20.00)</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 2013 Results

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Clinic Cost</td>
<td>$210.00</td>
</tr>
<tr>
<td>Average Rx &amp; Lab Cost</td>
<td>$40.00</td>
</tr>
<tr>
<td>Visit Cost</td>
<td>$250.00</td>
</tr>
</tbody>
</table>
# 2013 Results

<table>
<thead>
<tr>
<th>Average Cost</th>
<th>Total # of Visits</th>
<th>Total Cost</th>
<th>County Cost</th>
<th>Saved / (Lost)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 300.00</td>
<td>2872</td>
<td>$ 861,600</td>
<td>$ 278,793</td>
<td>$ 582,807</td>
</tr>
<tr>
<td>$ 275.00</td>
<td>2872</td>
<td>$ 789,800</td>
<td>$ 278,793</td>
<td>$ 511,007</td>
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<tr>
<td>$ 250.00</td>
<td>2872</td>
<td>$ 718,000</td>
<td>$ 278,793</td>
<td>$ 439,207</td>
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<tr>
<td>$ 225.00</td>
<td>2872</td>
<td>$ 646,200</td>
<td>$ 278,793</td>
<td>$ 367,407</td>
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<tr>
<td>$ 200.00</td>
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<td>$ 574,400</td>
<td>$ 278,793</td>
<td>$ 295,607</td>
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<tr>
<td>$ 175.00</td>
<td>2872</td>
<td>$ 502,600</td>
<td>$ 278,793</td>
<td>$ 223,807</td>
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<tr>
<td>$ 150.00</td>
<td>2872</td>
<td>$ 430,800</td>
<td>$ 278,793</td>
<td>$ 152,007</td>
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</tbody>
</table>
## 2013 Results

<table>
<thead>
<tr>
<th>Total # of Visits</th>
<th>Average Time used</th>
<th>Production Hours Saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2872</td>
<td>1.5</td>
<td>4,308</td>
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</table>

### Average Hourly Wage

<table>
<thead>
<tr>
<th>Average Hourly Wage</th>
<th>Production Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.00</td>
<td>$43,080</td>
</tr>
<tr>
<td>$15.00</td>
<td>$64,620</td>
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<tr>
<td>$20.00</td>
<td>$86,160</td>
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<tr>
<td>$25.00</td>
<td>$107,700</td>
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<tr>
<td>$30.00</td>
<td>$129,240</td>
</tr>
</tbody>
</table>
Employee’s Perspective

CONVENIENT

MORE FTO

COST SAVINGS

HAPPY
What’s Next?
What’s Next?

Online Care Anywhere®
Bringing healthcare to you

January 2, 2014

Anoka County

Cumulative Consumer Visits

Day of the Week:
- Sun: 16
- Mon: 15
- Tue: 14
- Wed: 19
- Thu: 15
- Fri: 18
- Sat: 3

Time of Day:
- 7 to 11: 34
- 11 to 3: 23
- 3 to 7: 17
- 7 to 11: 16

Communication Mode:
- Chat: 54%
- Phone: 29%
- Video: 11%
- Video & Phone: 6%

Age:
- 0-17: 26%
- 18-25: 14%
- 26-35: 29%
- 36-45: 31%
- 46-55: 6%
- 56-65: 6
- 66+

Consumer Survey (Global)

Users Location
- Home: 38%
- Work: 53%
- Virtual Clinic: 9%

Consumers Agreed
- Good Value: 91%
- Program to Date: 91%
- Last Month: 78%
- Issue Fully Address: 75%
- Program to Date: 75%
- Last Month: 75%

Time Saved
- None: 10%
- 1 Hr: 16%
- 2 Hrs: 40%
- 3 Hrs: 18%
- ½ Day: 12%
- Day: 4%

Visits resulting in RX
- 27%
- Q4 - 2013: 33
- Q3 - 2013: 26
- 2013 Visits: 125
- Average Visit Duration: 09:30
- 62%
- 5 star rating: 4.6
- 5 star rating: 4.5
What’s Next?

2014
What’s Next?

Dental
What’s Next?

Rx Consulting
What We Learned
What We Learned
What We Learned
What We Learned
What We Learned

Anoka County W@W Patient Referrals - 2013

Average referrals in 2013 = 4.8
Average referrals in 2012 = 4.6
What We Learned

MAKE IT EASY TO MAKE AN APPOINTMENTS

If available . . . But discouraged
What We Learned

INTRODUCTION

CAMPAIGN FOR

Well @ Work
live well | work well | be well

IS Important
What We Learned

IF YOU DON’T ASK, YOU WILL NEVER KNOW.
THANK YOU

John D. Sullivan, ARM, AU
Director, Central Services
Anoka County, Minnesota
763-323-5370
John.sullivan@co.anoka.mn.us